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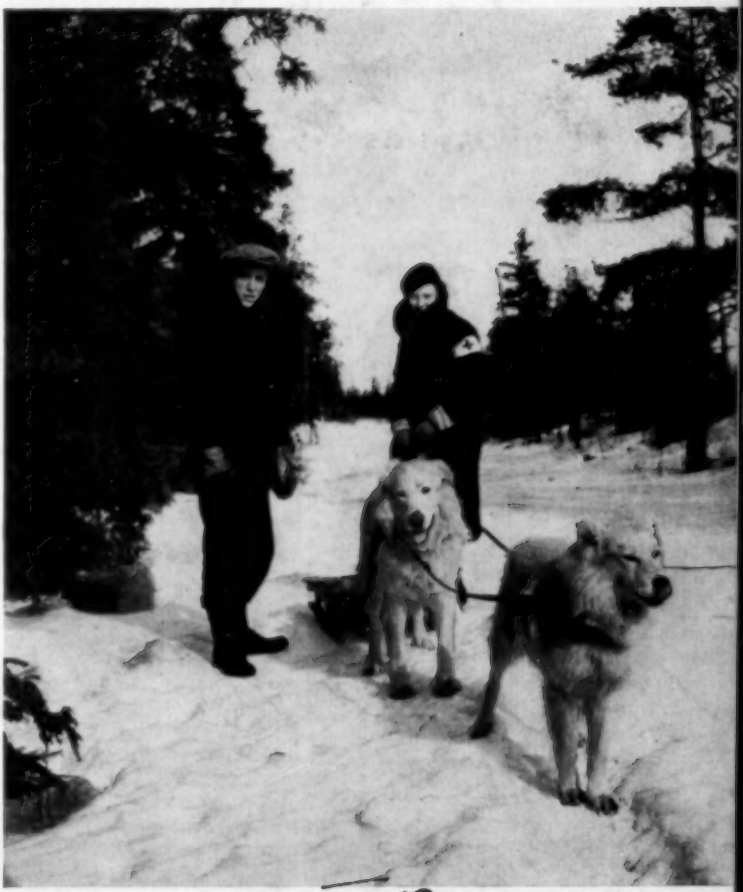
THE CANADIAN NURSE

- Canadian Nurses Association General Meeting June 22-26, 1942 Montreal, Que.



- A Canadian Red Cross Outpost Nurse

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(1) 1811. The Art of Preserving All Kinds of Animal and Vegetable Substances for Several Years, M. Appert, Black, Perry and Kingsbury, London.
1938. Food Research 3, 13.
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1939. Canned Food Reference Handbook, American Can Company, Hamilton, Ont.
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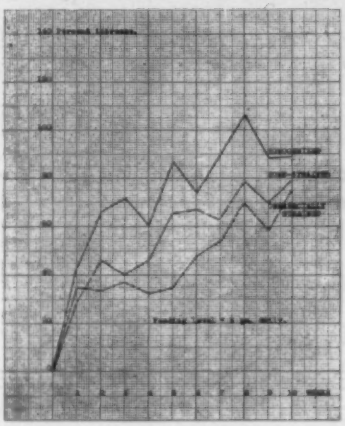

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The Canadian Nurse

Registered at Ottawa, Canada, as second class matter.

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ETHEL JOHNS, Reg. N., 1411 Crescent Street, Montreal, P.Q.

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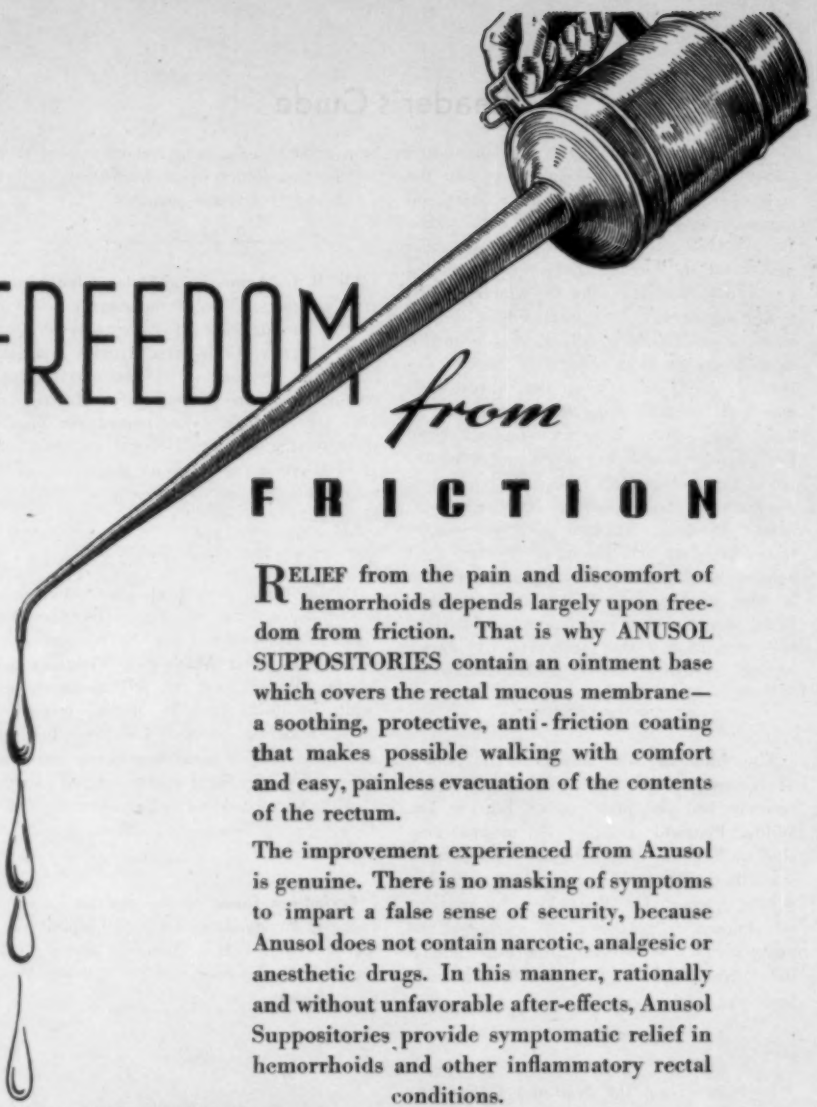

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Reader's Guide

We are indebted to the Canadian Red Cross Society for allowing us to use the striking picture of a Red Cross Nurse on out-post duty which adorns the cover. Miss Isabel McEwen, superintendent of field nurses for the Ontario Division of the Red Cross, tells us that during the winter months a nursing service is maintained in Tobermory, a small fishing village, very beautiful in summer but most isolated in winter. Tobermory is 57 miles from the nearest railway and 35 miles from the nearest doctor. This little village is often shut off from the outside world by severe snowstorms. About six years ago Mrs. Doris Kenny, graduate of the School of Nursing of St. John's Hospital, Toronto, did six months temporary duty and this service proved most helpful to the community. The nurse who is now on duty is a fully qualified public health nurse with a certificate in midwifery and is rendering the same type of service as that originally started by Mrs. Kenny.

The Alumnae Association of the School of Nursing of the Royal Victoria Hospital recently had the privilege of hearing **Dr. Wilder Penfield** speak on his medical mission to England and, with his kind permission, the substance of that address appears in this *Journal*. Dr. Penfield is internationally known as professor of neurology and neuro-surgery in McGill University and is the Director of the Montreal Neurological Institute.

In **Notes from the National Office** you will find interesting news about the distinguished persons who will honour us with their presence at the General Meeting of the Canadian Nurses Association which is to be held in Montreal next June.

This issue contains the third and last instalment of the time study presented in narrative form by **Gertrude M. Hall.** It might be a good idea for head nurses to bind these articles in a folder and to keep them on their wards for reference purposes.

Dr. R. G. Armour and **Helen Glendinning** give a clear outline of the essential factors in the nursing care of patients undergoing fever therapy. Both these articles were secured for the *Journal* by the staff nurses' committee of the Toronto General Hospital. Dr. Armour is a senior neurologist on the staff of the Toronto General Hospital and Miss Glendinning is a nurse technician in the fever therapy department of the same hospital.

Public health nurses who are planning to attend the general meeting of the Canadian Nurses Association will be specially interested in what **Marie-Rose Grignon** and **Maria Olivier** have to tell about family health in Montreal. Mlle Grignon is visiting nurse attached to the Bruchési Institute and Mlle Olivier is a supervising nurse on the staff of the Department of Public Health, City of Montreal.

Gwladwen Jones makes out an excellent case for the standardization of hospital nursing procedures. Miss Jones is instructor in the School of Nursing of the Toronto Western Hospital.

Do you remember the day that your medal was pinned on for the first time? **Edith Naylor** helps you to recall the thrill.

An interesting glimpse of work among our own Canadian Indians is given by **Kathleen Stewart**, who is on duty at the Residential School at Birtle, Manitoba.

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME THIRTY-EIGHT NUMBER TWO

FEBRUARY, 1942

Genius Loci

In the pleasant month of June, nurses from every province in Canada will gather in Montreal for the twenty-first general meeting of the Canadian Nurses Association. Unless some glorious miracle comes to pass, we shall once more be compelled to take counsel with one another under the shadow of war. Yet, if that must happen, we shall surely find inspiration in the noble and ancient city in which we are to come together.

Three hundred years ago, the indomitable Jeanne Mance, Founder of Canadian nursing, set foot in the little colony at the foot of Mont Royal. For many years, Indian warfare, famine and pestilence were destined to exact a terrible toll, but these hardy pioneers held their ground with a tenacity born of the conviction that they were the builders of a young and vigorous nation.

It should be profoundly significant to all Canadian nurses that, because she was a woman of great intelligence and fortitude of spirit, Jeanne Mance exercised a profound influence over the development of the colony. Her contribution was far from being limited to charity and good works. She had a clear and fearless conception of the social and economic problems which were involved and possessed the statesman-like quality which was so eminently characteristic of Florence Nightingale. These two women would have understood and respected one another. Had they met, the impact of one good mind upon another would have kindled a flame in which petty differences would have vanished like smoke. The French woman and the English woman would have clasped hands and gone forward together just as French- and English-speaking Canadian nurses are doing today.

Under the caption of *Notes from the National Office* in this issue of the *Journal* it is announced that many distinguished persons are to speak to us

when we assemble in June. The message they are to bring will be all the more impressive because we shall listen to it in the great city which Jeanne Mance helped to build. There is one pilgrimage which every nurse should make in her honour and that is to her own hospital and school of nursing — l'Hotel-Dieu. Here you may see and reverently touch the porcelain pharmacy jars which she brought out with her from France and used in her daily work as a nurse. Here in the beautiful modern Hospital you will feel the abiding presence of the Genius Loci — the Spirit of the Place.

— E. J.

Afterthoughts of a Medical Mission to Great Britain

WILDER PENFIELD, M.D., D.Sc.

There is a great contrast between present day life in Great Britain and life here. The difference lies in little things. Over there the individual patterns of activity have been altered, personal incomes reduced, work doubled. On returning here I had the feeling that we have been living in protected unreality. We have none of us reorganized our lives adequately to meet the facts of this war. Take nursing, for example. The hours of service here have been actually shortened since war began; an excellent move, in peacetime. But a shortage of nurses may well become a major handicap to our cause. To know the meaning of total war we must now see the future as it might be, as it may well be unless every element in the English speaking population of the world does its maximum.

You may imagine that it is a curious experience to have breakfast quietly in Westmount and the next day to drop down through the clouds over England's green and pleasant land. That is what it is to cross the North Atlantic in a bomber. All night long there was to be seen a sort of abortive sunrise on our left because of the fact that we were so far north; finally the sun actually rose and found us flying between two layers of clouds. The result was a brilliant sunrise both above us and below us. Farther below, through gaps in the clouds, the sea showed still black. As we approached the coastline, a submarine could be seen making a long line of white on the water of a bay. Factories appeared; a lonely smokestack marked where one had been burned. Then the hedgerows, marking out a pleasant pattern upon a carpet of green, and red roofs with idling smoke rising from many hearths gave colour and the appearance of utter peace. Suddenly we circled down and the journey was at an end.

It is a curious experience, also, to take off at dawn in the mists of a British harbour, in a little Catalina flying boat, and to settle at sunset on the blue water of the harbour of Lisbon, at a dock where the American flag and the Union Jack fly together, with the Portuguese flag above them. Portugal is the only remaining international crossways left in Europe, and there one can

still meet, or shun, men of every nationality.

In London, in spite of many areas of destruction, life goes on as usual. The headquarters of almost everything are to be found there. The streets are as crowded as ever. Uniforms are to be seen everywhere, of course, but there is an enormous increase in the number of women in uniform. All three of the services have their women's auxiliaries, and many of them look very smart indeed as they walk along the street and salute each other, and on occasion I observed that the saluting crossed the sex boundary. The costumes of those women who are not in uniform show certain additions and subtractions even to the male eye, such as the absence of stockings, compensated for by staining of the lower extremities, and the appearance of trousers where I least expected to find them.

The face of British medicine has altered fundamentally. Harley Street is empty. The consultant's wife now does her own work far from London. Nurses have followed the trek of the hospital out to suburb and camp. St. Thomas' Hospital, across the Thames from Westminster, describes her own state on a huge sign on the river front—"Down but not out." Actually, the injury to St. Thomas' is due not so much to a direct hit as to the fact that the whole hospital was built upon cement floats placed upon the river mud. German bombs seem to fall with unerring accuracy into the Thames and these explosions in the river bottom have broken the floats by indirect action. Nevertheless, there is an active outpatient department being carried on somehow in this hospital.

Germany can knock things down, but there is something she can never knock out and that is the courage, the presence of mind, the sense of humour, in short, the "fight" of the common English man. Sir Charles Sherrington, once my teacher at Oxford, told me of going out to get a better view of a "blitz" last winter in a London suburb. He found a postman standing by the pillar box and realized that it was about five minutes before the time for the next mail collection. A plane came near and a bomb fell close by. Sherrington said to the postman, "Better take those letters and come with me to a shelter." "Oh, no", said the man, "that's wot 'itler wants me to do. I'm staying 'ere." I know of no better answer to Hitler's indiscriminate bombing than the parable of this postman.

In the re-organization of British medicine the Emergency Medical Service (E.M.S.) has played the most important role. The details of this organization may be discussed, for they are printed in their own pamphlets. The general plan was worked out by the Ministry of Health, which retains directing control. Except for the special hospitals under the Army, Navy and Air Force, which are relatively few in number, all the best hospitals in Great Britain have been enrolled in the E.M.S. They are included in a comprehensive scheme to serve the displaced population of Great Britain and are organized for rapid evacuation of patients from any areas in which fighting may occur. These hospitals admit immediately all civil and military casualties, that may result from enemy action, at the expense of the Government. They also admit ordinary patients on a different basis. A large number of centres have been set up for the various medical specialties and E.M.S. consultants go about through the country wherever needed.

The plan for evacuation of casualties and the sick from London may be described somewhat in detail. Each of the large London hospitals has become the

focal point of a sector which extends out from the centre of London for a distance of 40 to 50 miles. There are nine such sectors, one for each of the London hospitals: St. Bartholomew's, University College Hospital, Middlesex Hospital, St. Mary's Hospital, St. George's with Charing Cross Hospital, Guy's Hospital, St. Thomas' Hospital and King's College Hospital. Each of these sectors is shaped somewhat like a piece of pie the point in London. The medical and nursing staff in the various E.M.S. hospitals in that sector is provided, to some extent, from the corresponding London hospital. Patients seen in the outpatient clinics of the parent hospital are sent out into the corresponding sectors, and the bomb casualties which may be brought to each London hospital are likewise sent out rapidly by ambulance into the corresponding sector after initial operation or first-aid treatment. Thus the teaching hospitals are being used for the treatment of emergency cases, to conduct outpatient clinics and to serve as evacuation centres.

E.M.S. hospitals are paid by the Government to keep certain blocks of beds always ready for the reception of casualties. These are usually arranged in wards fully equipped for the treatment of shock. Arrangements are made for rapid transfusions or intravenous injections of blood substitutes. In general, whole blood, serum, and plasma seem to be used almost equally throughout Great Britain. The sick of the general population are accepted with the same arrangement as usual, namely that a charge of five pounds, two and eightpence is made per week for care on the public ward if the individual is able to pay; if he is not able to pay, the case is referred to a social service worker who secures what she can. If, on the other hand, a civilian is injured by enemy action, he is admitted and cared for at the expense of the Government on exactly the same footing with the soldier who is injured by enemy action. Thus military and civil cases are cared for in the same wards very frequently.

The evacuation scheme may be illustrated by describing the arrangement in sector 2. There is a local director, Dr. X, in this sector whose headquarters are in a small suburb. Evacuation of patients to any one of the 56 E.M.S. hospitals in this region is directed by him. He is able to evacuate from this sector into other sectors if desired. In the sector supervised by Dr. X there are certain specialist units (neurosurgical, orthopaedic and plastic), but these special centres are not duplicated in every sector. In case of invasion, Dr. X has arranged to have three large base hospitals, which would probably be in the pathway of the attack, to evacuate at once four hundred patients each to other hospitals so as to provide empty beds there. Then if these hospitals should be cut off from his directing supervision, they will continue to evacuate along certain pre-arranged lines. The ambulance drivers who carry patients from the scene of accident or bomb explosions are volunteers, both men and women. I frequently heard high tribute paid to them, especially to the women who seem to keep a steady hand at the wheel under the most trying circumstances.

What about the level of efficiency in most of the E.M.S. hospitals? Well, as might be expected, it varies a great deal. The best staffed hospitals are the Canadian Base Hospitals. This may seem a just cause for pride, but comparisons are not fair because our university groups are held together whereas their university staffs are scattered out and taken for army, navy, and air force medical services. The army is now still understaffed about 1000 men on their medical service. The result is that some E.M.S.

hospitals, which may be called of second rank, may have one medical man for 200 beds.

The quality of practice is held up to a proper level by a very effective universal system of recurring visits by the best British consultants to all E.M.S. hospitals. Certain medical specialties have been given opportunities for great development. Consultants have been appointed in these various specialties, for each of the medical services, and a still more numerous set of specialists and consultants have been appointed for the Emergency Medical Service. From the point of view of numbers these specialties may be listed as follows: Orthopaedic comes first with 20 centres, and there are 11 orthopaedic sections in military hospitals and 5 sections in R.A.F. hospitals. Next in number of centres in the E.M.S. is neurosurgery, thoracic surgery, neurosis, plastic surgery.

Road accidents are a constant cause of injury, especially during the black-out and when army manoeuvres are in progress. In these movements the motorcycle is the cause of many injuries. In one large head-injuries hospital 25 per cent of the patients were admitted after motorcycle crashes. The wearing of crash helmets by dispatch riders has considerably reduced the mortality of such accidents.

The non-fatal injuries that result from bomb explosions resemble, for the most part, the products of civil accidents, except that there is extensive damage to soft parts and the wounds are very dirty. Dust and gravel are ground into the tissue. There are often face burns as the result of the fact that the glowing contents of a fireplace may be blown out into the faces of those who sit, in cozy fashion, about it. Eyes may thus be put out or bits of flying glass from windows driven into the soft tissues. The modern aerial bomb has an enormous bursting charge. Small fragments such as bits of its casing may fly off at such a high rate of speed that they penetrate to a considerable depth, and unsuspected minute fragments have been discovered only by x-ray to be lodged within the brain and other parts of the body. These fragments are rendered sterile by heat, no doubt, and can be left alone.

Air-borne contamination of wounds and cross infections in hospitals has been a problem that has occupied a great deal of attention. This has resulted in serious reconsideration of surgical technique. It has led to the widespread practice of treating wooden and linoleum floors with spindle oil upon the suggestion of Van den Ende, an associate of Sir Henry Dale in the National Institute for Medical Research. A further method of oiling blankets is soon to be published in the British Medical Journal by the same worker and his associates. These precautions cut down the number of pathogenic organisms in the air of surgical wards greatly. When such precautions are not taken it is found that, for the hour following bed making and for a period following sweeping of the floor, the air of surgical wards is filled with dangerous organisms capable of contaminating open wounds.

The teaching of Trueta, who used the plaster treatment of Winnett Orr during the war in Spain, has influenced British surgery profoundly. Plaster is used a great deal more and open wounds are often enclosed in plaster and left for weeks without dressing. This does avoid the danger of cross contamination. It gives the wounds rest and, if the initial surgical excision of the wound was adequate, the results are excellent, even in the presence of multiple compound fractures. Such wounds frequently develop a foul odour that can be checked only by the use of a specially treated bag, a

modified gas mask applied to the limb itself. These good results seem to occur without the bacteriostatic blessing of a sulphonamide, but it must be admitted that chemotherapy may have played a role in the general success of the method.

It is interesting to see the various types of precautions that have been taken for adequate blackout. In the Royal Infirmary in Edinburgh the windows have been painted a sort of orange red colour so that during the day they admit that kind of light. At night blue electric lights are used for illumination with the result that no light escapes, inasmuch as blue and the shade of yellow used are complementary.

In some hospitals large frames made of wood and paper are lifted into place at dusk and taken off in the morning in order to provide for blackout. This was the method used in St. Hugh's Hospital in Oxford. The nurses complained that it was a good deal of a nuisance, and yet it seemed more effective than the double layers of curtains that were used in so many other hospitals. Whatever the arrangement is, the "blacking-out" process is a detail that calls for a great deal of time and attention, and fire wardens are, as a rule, quick to complain of any escape of light.

However, there is a more serious problem in regard to windows, and that is to prevent them being blown in as the result of blast when bombs fall even at a considerable distance. Many of the injuries which patients sustain are due to flying glass, or they may be the result of live cinders blown from a fireplace or stove. Many of the new hospitals, particularly the hutted hospitals and those in the country, have their wards on the ground floor. In general, a brick wall is often built so as to come up almost to the top of the window and placed a few feet from the window. This is the method adopted in front of stores and buildings in London. Sometimes the brick wall will go up well above the windows of the first floor.

In some hospitals the windows are actually bricked up, excepting for a small square at the top. Doorways, likewise, are apt to have brick walls placed directly in front of them so as to cut down the effect of immediate blast. That is also true of the large buildings in London, and one enters the front door of such a building as though coming through a maze.

In Manchester the Royal Infirmary is spread out over a great deal of territory, and is made up of long, low buildings. In some of the wards they have actually bricked up the windows completely, leaving some sort of an opening for indirect ventilation but cutting out all light whatever from the windows. They have then installed white vapour lights. These wards are quite cheery. The patients seem to like them, and I should think that they would be a great source of comfort to the nursing staff as it would be no longer necessary to place the patients under their beds to protect them from flying glass or to take them to shelters.

None of the shelters will protect against a direct hit, for shelters in general are built with a covering on the top no thicker than six to eight inches, unless they can be ten feet deep, which, for the most part, is out of the question. Consequently, shelters protect against adjacent hits, and a well constructed building does the same to some extent. The Haslar Naval Hospital, which is particularly exposed, at Portsmouth has shock wards and operating rooms nicely installed in the catacombs under the buildings. They have outdoor air raid shelters dug into the ground and cellars which will take their patients.

The most convenient arrangements for shelters that I saw in England were at No. 5 Canadian General Hospital. They have placed brick shelters between each pair of hutted wards, and the shelter can be entered by a large door so that beds can easily be wheeled in. These shelters are so-called "surface" shelters, similar to those in the streets of London, built with a fourteen inch brick wall and eight inch concrete roof; the doors are gastight; there are no windows. There is forced ventilation with an air intake by means of chimneys thirty-eight feet tall. That is above the level of a poison gas that might be heavier than air. Those shelters will house all the patients, including twenty-five per cent of them in bed.

Perhaps the actual physical aspects of the different Canadian Hospitals might be of interest to you. I have just mentioned No. 5 Canadian General Hospital, the Winnipeg unit. It was built on a lovely estate by the Canadian Red Cross. It is in many ways the best hutted hospital that I saw in Great Britain.

There are two main parallel covered corridors which are one-fifth of a mile in length. At one end of the front corridor is the reception building of pleasing appearance and with a circular drive in front of it. The front corridor has extending back from it a series of huts which contain various services, administration units, and wards with beds for sixty officers. From the back corridor and extending outward toward the adjacent park are fifteen huts, each containing a men's ward with a small covered porch at the end. These are built well of brick. They have large French windows, which are quite strong but which create a little too much draught on the patients. The windows are screened. Each hut contains thirty-six beds. The beds are the most serviceable Simmons variety, one in every five having a gatch folding spring, and the mattresses are good. Heating is by hot water. There are two alternative sources of electric current; they have electrically heated carts to carry the food from the central kitchen, and the kitchens are of good modern equipment. The hospital contains six hundred beds, which are at present 85 per cent occupied. Three-quarters to four-fifths of the patients are Canadians and the rest are British soldiers. There is nothing excessive nor unnecessary in this outlay, and the surroundings of the hospital are very pleasant.

No. 15 General Hospital is the Toronto unit. This unit and No. 5 from Winnipeg arrived in England almost simultaneously. No. 15 was the first to be in operation by a short margin. This hospital is roughly housed in hutments which were built after the war began. The situation is rather forlorn and the district uncultivated. The wards are large and seem to have a fairly satisfactory arrangement. Only a few of them have an eight-foot brick wall which would protect the patients from side blast in case of air raids. From the other huts which are of wood it was necessary to evacuate patients during raids. There are seven hundred beds here, and a hundred and fifty more are being built. This hospital has been extremely busy, having cared for ten thousand patients, I am told, in the past year, and has seen fifteen thousand out-patients. The morale is high and the results impressive.

No. 1 General Hospital, which originated for the most part in Montreal and is under the leadership of Lt. Colonels Keith Gordon and S. J. Martin, is placed at a greater distance from the main body of Canadian troops than the other hospitals. The portion of the hospital which is now in use is made up of

huts, fourteen in all as I remember, arranged in an attractive manner around a large well-gardened court. A covered passage-way runs around the court and the huts extend outward from it. Each hut contains one ward, heated quite adequately, I am told, by two small stoves. Adjacent to these huts new buildings are at present going up which will provide for considerable expansion.

No. 14 General Hospital is also a Montreal unit under Colonel Albert Ross, Lt. Cols. Montgomery and McIntosh. It arrived in England last summer. They moved at once into a previously occupied hutted hospital and got under way immediately. Lt. Col. McIntosh organized the operating rooms and service quickly, and the x-ray was well organized under Major Gosselin. They have now gone to new quarters. No. 1 Neurological Hospital, whose staff is made up of combined Montreal and Toronto groups, was eventually located in a large country house, called Hackwood House, which belongs to Lord Camrose, publisher of the Daily Telegraph. The arrangements are less satisfactory than in the Canadian General Hospitals. Huts, however, have been built, with many delays, in the adjacent grounds. When finished, these huts will bring the total capacity up to about three hundred. The country surrounding this unit is lovely. The work of the unit has been outstanding, both on the neurosurgical and on the neurological side.

Among the afterthoughts of my trip to Britain the outstanding impression is the heroic adjustment of the ordinary man and woman to this war. Each has experienced loss, privation, fear. Each individual has thought what invasion of that island would mean to him or to her. Each has seen other countries invaded, heard horrid stories, looked facts in the face, and has then said to himself, "there can be no labour and no privation which is not better than that." Consequently, they turn to longer working hours and frequent overtime with gaiety and a sense of relief, for they know now the meaning of total war in a free country.

Fever Therapy

R. G. Armour, M. B.

For many years the beneficial effects of high fever on syphilis of the central nervous system have been recognized. This has been particularly true of general paresis, and also in many of those indeterminate cases whose Wassermann and other reactions do not become negative under prolonged arsenical, bismuth and mercury treatment. Towards the end of the last war hyperpyrexia was being induced by artificial inoculation with malaria, and this form of treatment is still extensively used. It has many advantages, such as the possibility of carrying it out in small hospitals anywhere, or even in the home. The fevers occur every second day or even every day, and so the ten fevers desired can be fitted into three weeks or less. Disadvantages, however, are that the fe-

vers are not so easily controlled as those electrically induced. Cases which have once been inoculated and cured of their malaria cannot be re-inoculated, having apparently acquired an immunity. Finally some difficulty and delay is frequently experienced in getting the malarial organism to proliferate in the blood stream.

Contra-indications are practically the same against both malaria and electrically induced hyperpyrexia. It is not entirely safe to employ either in cases of cerebrospinal lues that have had a comparatively recent acute incident. Such cases are better given a preparatory course of bismuth or mercury. Old patients, especially those with marked arteriosclerosis or myocardial degeneration are not regarded as good risks. Other contra-indications are any serious form of heart disease, aortic aneurysm of marked severity, renal disease, pulmonary disease, chronic or acute.

Nursing Care of Patients During Fever Therapy

HELEN GLENDINNING

There is some variation in the opinion concerning the optimal height of the temperature, the duration of the individual treatments and the total number of hours of treatment necessary to obtain good results, but here we believe that patients improve after a course of treatments, given one a week for ten weeks at a temperature of 105.2 degrees Fahrenheit (rectal) for five hours at a time.

Preparation of the patient for fever treatment consists of a thorough physical examination, the forcing of fluids for twenty-four hours, a cleansing enema, a scanty breakfast (such as tea and toast) and luminal grains one and a half, all being given on the ward before the patient is sent to the Department at 8.30 a.m. A consent to fever therapy sheet must be signed by the patient and a witness before the first treatment is given. This agrees to exempt everyone from blame arising from unforeseen complications such as burns, skin eruptions and circulatory collapse.

The patient is placed in the fever cabinet, with a light blanket over him which is removed once the treatment is started. This type of machine is the standard cabinet used by the Ontario Government and is air-conditioned with the humidity of 90 percent. The patient's temperature is gradually raised until 105.2 degrees Fahrenheit (rectal) has been attained, with a duration of five hours at that level. The producing of artificial fever must be gradual and usually requires one to one and a half hours to attain desired temperature. The patient feels very uncomfortable and is sometimes delirious when his temperature reaches 103 to 104 degrees, but once above that level becomes quite normal again. The pulse and temperature (per axilla) are taken and recorded every five minutes and the patient is never left alone. The treatment room should be bright, airy and quiet.

Fluid intake is important. The patient's system reacts better with fairly large amounts of water (2000-3000

c.c.) thus avoiding dehydration and the consequent instability of the body's heat regulating mechanism. The loss of salts through perspiration is compensated for by the administration of sodium chloride in capsule form. The patient is given one capsule (fifteen grains) shortly after commencing treatment, then one at hourly intervals for five hours. If the patient becomes nauseated, orange or lemon juice with added sugar has proved helpful. Morphia grains one-sixth or grains one-quarter has been used with satisfaction when the patient becomes agitated, restless or noisy. Some patients have been found to go through the whole course of treatment without sedative. Ice compresses to the head and back of the neck add to the comfort of the patient and are started when the temperature reaches 104.4 degrees (rectal). The amount of water and ice compresses are limited until desired temperature is attained.

The pulse rate increases on the average of ten beats per one degree rise in temperature and the pulse rate in most cases is never allowed to go beyond 150 per minute. Ice compresses over the heart and in the axilla are often used to slow down an advancing pulse rate. Emergencies arise in every form of active treatment. Evidence of impending circulatory collapse such as rapidly increasing pulse rate, intense facial cyanosis or marked fall in blood pressure call for immediate termination of treatment. Coramine, intravenous of normal saline and oxygen are in readiness at all times. Intravenous fluid is a quick way of cooling the body as well as supporting a circulation which is failing from too much dilatation.

Cooling procedures must be used with discretion. The patient should be cooled gradually by means of an electric fan and ice compresses, the temperature dropping about four points (four-tenths of one degree) in five minutes. One whole degree in temperature in five minutes both in heating and cooling seems too rapid for the cardio-vascular system. When a temperature of 104.4 degrees has been reached, the patient is covered with a blanket and the service doors of the cabinet opened and the heat inside of the cabinet is fanned out. The patient is removed from the machine when a temperature of 101 degrees is reached, and placed in a fever bed and kept in the Department until the temperature is reduced to 99.4 degrees (rectal) by alcohol rubs. Cooling requires from one to one and a half hours. The patient's skin must be examined well for any redness or blistering. The patient is returned to the ward and has a light supper, remaining in bed until the following morning when (in most cases) he rises, has breakfast and returns home or to business. He is advised to drink plenty of fluids, milk, water, and fruit juices, with a diet high in carbohydrates. The patients seldom lose weight, but if they do, it is readily gained following the termination of treatments. The patients are advised to report back to the Special Treatment Clinic for a further course in chemotherapy.

Nurses Wanted for the Grenfell Mission

Three nurses are urgently needed for the Grenfell Mission—one for hospital service and two for duty in nursing stations. Even in time of war, this vitally important work must not be allowed to suffer for want of nurses. Full particulars may be obtained from Miss E. G. Graham, Grenfell Labrador Medical Mission, 48 Sparks St., Ottawa.

Courtesy of the Montreal Gazette

For service in South Africa: Muriel Delong, Helen McQueen, Mildred Goodill, Agnes Hass, Frances Melkman, Janet Dunn, Georgina Young, Emily Groenewald.

On Active Service at Home and Abroad

The following Canadian Nursing Sisters have recently been enrolled for military service in South Africa:

Alberta: Ruth Turnbull, Lula McComb. *British Columbia*: Mary Greenfield, Thelma Scott, Marion Dobbie, Margaret Dobbin, Lillian MacMillan, Nancy Lee, Bodil Krag, Edith Coles, Marian Williams, Doris Bischlager, Elizabeth Clement. *New Brunswick*: Fannie Monroe, Marion McGowan, Greta Black, Mary Renault, Dorothy Barter, Alice Carney, Carmen McLean, Margaret McAleenan. *Ontario*: Clare Downs, Evelyn Rothwell, Mary Dolan, Jean Snelgrove, Bernice Firth, Agnita Kavanagh, Kate Garrett, Alma Effinger, Marie MacLean, Lillian Mitchell, Mabel Booth, Elsie Worrell, Muriel Rielly. *Quebec*: Marie Anne Parent, Bernadette Dionne, Helen Brown. *Saskatchewan*: Gladys Berndt, Elizabeth Garies.

The following appointments have recently been made to the Royal Canadian Navy Nursing Service:

Margaret Dolan and Fausta McCullough will be posted to the signal school at St. Hyacinthe, Quebec. Four other nurses — Evelyn Stibbard, Mary Bryden, Joan Russell, and Olive Wilson — have already been posted to the navy hospital at Esquimalt, B. C. Personnel needs of the nursing service are estimated at 75, according to the Director of Naval Services. Nurses will be required at naval hospitals now under construction at St. John's, Newfoundland, and Halifax. Selection of a matron-in-chief and enlistment of nurses will be made as the hospitals near completion.

Canadian Orthopaedic Unit for Scotland

One wing of a large Civil Defence Hospital in Scotland is to be manned by a contingent of Canadian doctors and nurses selected for their skill in orthopaedic treatment. Some months ago, a request for assistance in the form of expert nursing and surgical personnel was received and favourably considered by the National Executive of the Canadian Red Cross Society and the co-operation of the Canadian Medical Association and the Canadian Nurses Association was sought in the selection of a highly qualified staff of orthopaedic specialists. Each association appointed a committee of selection with the result that Dr. John T. Phair, chairman of the Executive Commitee appointed to carry out this project, is able to announce the selection of a group of nine doctors, led by Dr. Arthur LeMesurier of the Hospital for Sick Children, Toronto, and twenty-two nurses under Nurse-in-charge Alice Hunter, formerly assistant superintendent of the Port Arthur General Hospital.

On Christmas Day, the Unit arrived safely in Scotland and is located at Hairmyres Hospital, Lanarkshire. Hairmyres is a beautiful summer resort situated in the district between Dundee and Aberdeen. Prior to their departure from Canada, the nursing personnel (apart from those who later joined the Unit in Montreal) were given an informal but hearty send-off by officials of the Canadian Red Cross, including Mr. Justice Gordon, chairman, National Executive, Canadian Red Cross; Dr. Fred W. Routley, National Commissioner; and Mrs. Adelaide Plumptre, vice-chairman, National Executive Committee and National Commissioner of the Canadian Red Cross Corps. Miss Florence H. M. Emory said a few words of gratitude to the Red Cross for the detailed arrangements so carefully planned, and for the tangible token shown in giving each nurse $100 with which to buy necessary articles before leaving Canada. Unfortunately, Miss Jean Browne was absent on account of illness, but Miss McEwen, the third member of the selections committee in Toronto, arranged for the serving of light refreshments which added much to the enjoyment of the occasion.

The Canadian Red Cross Society assumes responsibility for the transportation and insurance of the personnel and for the provision of special equipment for the hospital in which this Canadian unit is to work, while the Scottish Board of Health pays the salaries and provides the maintenance of the group while in Scotland. Through the good offices of the Red Cross, not only will the amount of compensation given every person in time of war in Britain be available for each member of the Unit, but, in addition, the Red Cross has practically doubled the amount through insurance obtained for doctors and nurses alike.

The following list indicates the nursing personnel of the Unit and the Schools of Nursing from which they graduated: *Nurse-in-Charge*: Alice B. Hunter (Toronto General Hospital); *Head Nurses*: Katherine H. Scott (Toronto General Hospital); Ruby I. Tinkiss (Children's Memorial Hospital, Montreal); Margaret C. Gow (Victoria Hospital, Prince Albert, Sask.) Jean C. Mason (Hospital for Sick Children, Toronto); *Staff Nurses*: Pauline Aitken (Toronto Western Hospital); Elizabeth Webster (Hospital for Sick Children, Toronto); Effie Morrison (Vancouver General Hospital); Mary

C. Murphy (Toronto General Hospital); Elizabeth Stewart (St. Eugene School of Nursing, Cranbrook, B.C.); Monica Waters (Victoria Hospital, Prince Albert, Sask.); Frances E. Higgs (Regina General Hospital, Sask.); Catherine C. M. Stewart (Lamont Training School for Nurses, Lamont, Alta.); Mary Earnshaw (Sherbrooke Hospital, Sherbrooke, P. Q.); Helen M. Kennedy (Toronto General Hospital); Margaret J. Laird (Toronto General Hospital); Phyllis Charlton (Hospital for Sick Children, Toronto); Betty E. Flaxman (Toronto General Hospital); Barbara E. Stanton (Toronto General Hospital); Dorothy F. Morrison (Hospital for Sick Children, Toronto); Isabel H. Kemp (Hospital for Sick Children, Toronto); Frances H. Angus (Hospital for Sick Children, Toronto).

The nurses of Canada are proud to recruit for service in Scotland, a picked group of nurses specially skilled in orthopaedics. We know that they will give an excellent account of themselves.

"The Glory of this House"

The November issue of the Journal, published by the Nightingale Fellowship of St. Thomas' Hospital, arrived with the Christmas mail from England and offers most inspiring reading. It describes the Hutment Hospital near Godalming in which the majority of the patients are now being cared for and also gives a glimpse of the conditions under which an emergency service is still being maintained in the sheltered fabric of St. Thomas' Hospital. Here is a vivid picture of one of the many raids:

At our last Annual Fellowship Meeting, we had a large and sympathetic attendance. The Archbishop gave the address, and we were very happy to have our Founder, Dame Alicia, and Lady Riddell with us. Riddell House was still intact, but later that night, the raid came swiftly upon London. High explosives and incendiaries fell together, and in a few minutes most of our windows had been wrecked, and the long line of carpenters' shops (which stretched half round the yard and possibly were once the old stables), were ablaze and soon burnt out. An A.F.S. fire-engine in the yard was destroyed and there was no chance of saving even the cars in the garages under the shops. One bomb cut a slice out of our roof parapet and fell into Paris Street, damaging small houses and killing a child. The maids were precipitated from their dormitory into ours by another bomb, and then, as water pipes were broken, we thought it wiser to migrate up into the hall. Fortunately only a few minor cuts were sustained, and as we dressed heads, we found to our amusement that Capelline bandages were much easier to apply if the patient wore curling pins!

By this time fires were numerous. The entire roof of Block Four was alight, also odd turrets on Gassiott House and Block Seven, and one of the mansions and many other buildings and houses around, even the famous old library of the Archbishop's Palace. The world outside was strange, with an ap-

palling though almost beautiful aura of light caused by these fires, enemy flares, chandeliers, and our own gunfire, and through all this inferno the men toiled on. We were sternly forbidden to cross the road to join our colleagues in the Hospital — there were plenty of helpers we were told, and especially men. However, Matron and Miss Harley always insist upon coming to see us during a raid and the memory of them looking very dusty, but undaunted and cheerful in their steel helmets, will always remain, as will also the vision of Miss Coode in her helmet, quietly going through the roll call in spite of the din of guns and ear- splitting crashes, then upstairs to see baths filled, and to fetch more rugs for the comfort of those sitting about in the hall. We were a motley crowd in the light of the storm lamps—electric light having failed—and there was frequent mirth as helmets crashed together when we ducked if a bomb fell near, and it seemed as though the walls were descending upon us. Most of our room doors were damaged by blast, floors and furniture covered by splintered glass, and curtains were down or torn.

As we looked along the corridors parallel with the yard, it seemed as though the rooms were already on fire—the glare and heat outside were so intense—and curtains were blowing in and out of the wrecked windows. It was the same in our newly-converted chapel in the library at the far end of the corridor. The flowers, so beautifully arranged in the morning, were now discoloured and shrivelled, the candles softening. The fire outside was very near, and vividly lit up the Crucifix, which seemed more than ever to signify the Christian faith, which will win through. There was no greater place of safety to move it to and in the morning it still stood on the altar, unharmed and bright, surrounded by the débris littering the room.

The noise of bombs was so deafening that it was not even possible to know whether the Hospital was receiving direct hits, and the strain of uncertainty was great as planes seemed very low, incessantly circling around, choosing their targets. At dawn the attack became less severe and we made tea serving it with thick slices of bread and black currant jam to exhausted firemen outside, who had not been able to get to the canteen. But there was one man we were unable to reach, and he was silhouetted against the smoke-laden sky on the longest ladder I have seen, directing his hose over the top of Christian ceiling, nothing remained of the dormitory. Then daylight came and with it the relief that once again we had suffered no casualties among patients or staff, though very unhappily two firemen had lost their lives in our yard.

This is mainly an account of our experiences this side of the road. The work inside the Hospital that night, with the care of Lambeth's injured, is another story. Everyone worked late into the next night. Telephones, electricity, gas and water had all been disorganised. Each person had his or her own job and Colonel Irwin and Matron (the latter wearing steel helmet and a bed mackintosh pinned round her shoulders) worked with others, using squeegees and mops, trying to overcome the floods in Block Four. Our Founder's words at the meeting of the day before came to me: "The glory of this latter House shall be greater than the former, and in this place I will give Peace."

Miss Martin Presents her Report

GERTRUDE M. HALL

In the December and January issues of the *Journal*, we learned how and why Miss Martin came to make a time study of nursing procedures and something about what the study disclosed. Miss Martin's next task was to formulate recommendations, based on her findings, for submission to Miss Caley, her superintendent of nurses. As she marshalled her facts, Miss Martin could not help thinking of certain episodes that she herself had observed and which pointed to a lack of understanding of nursing values if not to downright negligence. She remembered that a first-year student had been allowed to give a bed bath to a craniotomy case without any supervision although owing to their need for skilled nursing care, it is imperative that these patients be assigned to senior nurses only. Colostomy cases also require intensive nursing care, yet the technique of these difficult dressings was not taught in the classroom nor were these patients prepared, from a psychological point of view, for the ordeal which these dressings involve. A new and very nervous patient was catheterized by a student who gave no explanation of what she was about to do. Several patients were observed to move their arms while an intravenous was being administered. Nurses seldom reassured patients who were about to have a lumbar puncture.

Miss Martin knew only too well that the greatest menace to good nursing service undoubtedly lies in placing more work upon the shoulders of nurses than they are able to do well. She realized that some of (though not all) the poor work she had seen was due to the impossibility of doing two hours of work in one hour of time. Furthermore, her study had demonstrated how time-consuming many of the new and difficult treatments are and how dangerous it is to hurry with them.

The more Miss Martin thought about the whole matter, the more she was convinced that, somehow or other, a suitable ratio of nurses to patients must first be established and then maintained. But she also realized that no permanent solution can be expected until hospitals can be persuaded to face and to provide for the cost of nursing service in the same way that they plan to meet their other financial obligations. When that time comes, as come it will, Miss Martin thought it might be helpful to present a review of recent investigations which, like her own time study, might shed some light on the whole question. She knew that, in the United States, the National League of Nursing Education has recently gathered from a number of representative hospitals information on the bedside nursing time they provide for the different services. Upon the basis of this material, plus the data assembled by the Department of Studies in the various surveys carried on in the last three years, the League is recommending for the present, and until further studies are made, that provision on the various services for ward and semi-private patients shall be as indicated below:

Average hours of nursing care required by each patient in 24 *hours*:

Medical	3 to 3½
Surgical	3 to 3½
Obstetrical (mothers)	2½ to 3
Obstetrical (infants)	2½ to 3
Pediatrics (infants)	6

Pediatrics (2 to 5 yrs.)	4½
Pediatrics (over 5 yrs.)	4

These hours represent the average hours provided per patient in each twenty-four, but some medical patients may require considerably more than three hours or three and a half hours in twenty-four, while the convalescent patient who is mildly ill may be adequately cared for in fewer hours. This provision may need to be temporarily increased when patients require practically constant attention. The hours given above should therefore be regarded as the basic requirement for a satisfactory ward and semi-private nursing service with the understanding that additional hours may be indicated.

In comparing the findings of her own time study with the estimates made by the League, Miss Martin came to the conclusion that twice the number of nurses would be required in the wards in which she had made her observations if the patients were to receive the proper amount of nursing care. In spite of this discouraging fact, Miss Martin was sure that, in the meantime, much could be done to improve matters. So, by way of a beginning, she outlined the following recommendations:

1. An endeavour should be made to cultivate an awareness in the entire staff, of the teaching possibilities in the hospital. This should include the visiting medical men, supervisors and head nurses as well as the internes and students.

2. Records of the occurrence and timing of special and difficult treatments should be continued for a period of a year, and new treatments added as new trends are noted.

3. Such treatments as sigmoidscopic examinations and duodenal drainage should not be done on the wards by the nursing staff.

4. More emphasis should be put on the reassurance of patients before attempting special treatments.

5. More opportunities to assist with special treatments should be given to students.

6. Sufficient sterilizing equipment should be available on every ward and there should be a good supply of abdominal binders, standards for nasal suctions, etc.

7. Special nurses should be employed for critical cases for at least the first eight hours after operation.

8. Before adopting new procedures and treatments throughout the entire hospital, it would seem advisable to have one ward where these treatments could be tried out. A study of the benefits and needs of the patient might also be made and the amount of nursing care necessary to provide for these could be estimated.

9. The admission after 5 p.m. of pre-operative patients requiring treatments should be avoided.

10. Head nurses should endeavour to assign patients who are very ill, and who require skilled nursing care, to more senior students. It is further recommended that these patients should be grouped together in the ward so that continuous nursing care may be more effectively planned.

When at last the study was completed, Miss Martin experienced a pleasant sense of achievement. Picking up her carefully compiled manuscript, she went to the office of the superintendent of nurses. "Here it is, Miss Caley," said she. "Good", said Miss Caley in her usual brisk manner, "now that we know where we stand, we can plan to go forward. We will have a staff nurses conference tomorrow and decide where to begin."

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

The General Meeting

The nurses of Canada will learn with pleasure that the Honourable Malcolm Macdonald, High Commissioner to Canada from Great Britain, has accepted an invitation to address the Canadian Nurses Association at a dinner during the General Meeting which is to be held in Montreal, June 19-27, 1942. Other guest speakers will be Miss Effie J. Taylor, President of the International Council of Nurses, who will address a meeting on Friday evening, June 26, and Miss Julia Stimson, President of the American Nurses Association, who will speak on Monday evening, June 22. At the close of the latter session, the French-speaking Alumnae of the Province of Quebec will act as hostesses at a reception for all members while a similar function will be held on Friday evening when the English-speaking Alumnae will be hostesses.

The afternoon and evening of Thursday, June 25, are set aside for a visit to the Hotel Dieu Hospital, where the nurses of Canada will observe with suitable ceremonies the tercentenary of the arrival of Mlle Jeanne Mance in Montreal. All arrangements for this interesting event are under the direction of the Reverend Mother Allard, Mother Superior of the Community of Hotel Dieu of St. Joseph, of Montreal.

Due to the amount of time required for adequate presentation and discussion of various organization undertakings, the Executive Committee will meet on Friday and Saturday, June 19 and 20, and again on June 27, thus leaving five entire days for carrying out a programme that is being carefully and thoughtfully prepared under the direction of the President. The immediate and post-war responsibilities of the Canadian Nurses Association are becoming more extensive and varied with the passing of each month, therefore it is most important that there be a full representation of official delegates from the provincial associations of registered nurses as well as large attendance of members in general at the twenty-first General Meeting of the National Organization.

British Civil Nursing Reserve

For the information of nurses in Canada who are interested in the announcement concerning the British Civil Nursing Reserve as published in these *Notes* for January, a summary has been prepared from information more recently received from the Chief Nursing Officer and Principal Matron.

The Civil Nursing Reserve has been organized to supply nurses to hospitals in England and Wales administered by municipal or voluntary authorities. The Civil Nursing Reserve recruits nurses, places them on the register and helps them to secure positions, following which nurses are under the control of the employing authorities and subject to certain terms and conditions. In brief these are: agreement to serve for a period of one year at any hospital in England and Wales (except mental hospitals); nurses must be prepared to

serve wherever sent; minimum hours of duty, forty-eight hours weekly, but subject to the needs of the employing authority; annual salary £105 plus an allowance of £20 for a nurse in charge of a ward; uniforms and maintenance are provided.

It should be noted that many hospitals with shortage of nursing staff are those which treat large numbers of chronic sick, also that there is need of experienced nurses for day-time and resident nurseries that are being set up for children under five years in the most vulnerable areas, and for those whose mothers work in factories.

The Canadian Nurses Association has been asked to assume responsibility in recruiting nurses for the Civil Nursing Reserve by receiving and approving applications, including a report of recent medical examination, then send the names of suitable applicants to the appropriate authorities in Canada who will make arrangements for passage overseas. Each nurse must hold provincial registration and be responsible for all expenses involved in transportation to London, England.

As the remuneration offered is less than the customary rate of salary in Canada, it is recommended that nurses wishing to join the British Nursing Reserve arrange to have transferred to England certain funds to cover any emergencies that may occur.

A Message from Overseas

The President, Miss Grace M. Fairley, received the following message from Matron Blanche Herman, formerly Supervisor of the Western Division of the Montreal General Hospital: "Greetings to Canadian Nurses Association from Number 14 Canadian General Hospital Overseas." This evidence of thoughtfulness toward their National Organization by our Nursing Sisters will be much appreciated by all members of the C.N.A.

British Nurses Relief Fund

Contributions to the British Nurses Relief Fund have been received from:

***British Columbia*:**	
Individual donations	$16.00
Nanaimo Chapter, Registered Nurses Association of British Columbia	2.25
Prince Rupert Chapter, Registered Nurses Association of British Columbia	21.00
Silver Arrow Chapter, Registered Nurses Association of British Columbia	200.00
Vancouver Graduate Nurses Association	6.75
***Manitoba*:**	
Dauphin Graduate Nurses Association	35.00
Deloraine Hospital Staff, Proceeds of tea	16.50
Graduate Nurses' Association, The Pas	10.00
Miss Lightly, Manitoba Graduate Nurse, now on duty at Rochester Minn., convened a tea for Canadian nurses, proceeds	50.30
Neepawa Hospital staff	11.50
Individual nurses	18.30
Selkirk staff	12.00
Student nurses, St. Anthony's Hospital, The Pas	6.55
Student Council of St. Boniface School of Nursing	150.00
A.A., Winnipeg General Hospital	100.00
Winton Community Club, The Pas	15.00
***New Brunswick*:**	
Fredericton Chapter, New Brunswick Registered Nurses Association	37.00
Nursing staff, Victoria Public Hospital, Fredericton	12.45
Student nurses, Victoria Public Hospital, Fredericton	5.00
Graduate Nurses, Newcastle	56.00
***Nova Scotia*:**	
Valley Branch, Registered Nurses Association of Nova Scotia	21.84
***Ontario*:**	
District 1:	

A.A., Memorial Hospital, St. Thomas	11.50
District 2 and 3:	
Five Seaforth nurses	5.00
District 4:	
Roosevelt Hospital, Alumnae, Hamilton Branch and Hamilton nurses	2,500.00
District 5:	
"A Friend"	25.00
Nursing Sisters, Camp Borden Military Hospital	21.66
Nursing Sisters, Toronto Military Hospital	23.00
Graduate Nurse staff, Toronto Hospital, Weston	15.00
Public Health Nurses Association, Department of Public Health, Toronto	378.18
District 9:	
Kirkland Lake nurses	13.50

Nightingale Memorial Fund

A donation to the Florence Nightingale Memorial Fund has been received from:

Ontario:

A. A., Kingston General Hospital $5.00

Louise Brent Goodson

In the death of Louise C. Brent (Mrs. William Goodson) we have lost another of the small group of outstanding women who laid the foundations of nursing service and education in Canada. Louise Brent was born in Toronto in 1856 and was educated in a private school in that city. She graduated in 1890 from the School of Nursing of the Brooklyn City Hospital, New York and, as was usual in those early days when well prepared hospital administrators were at a premium, was immediately appointed to the responsible position of Lady Superintendent of Grace Hospital, Toronto. After rendering valuable service in this capacity for six years, she became Superintendent of the Hospital for Sick Children in 1896. With the unfailing support of Mr. John Ross Robertson, she was enabled to introduce policies and methods which were very advanced for the times. Shortly after she took office, the course of instruction in the School of Nursing was increased from two to three years. In 1907, Miss Annie S. Kinder was appointed as full-time instructor and, with her able assistance, Miss Brent developed and maintained high educational standards. A preliminary course was established and classes were admitted twice yearly at regular intervals. A course in dietetics was included in the curriculum and the bedside teaching of nursing procedures was both thorough and practical. Largely through the generosity of Mr. Robertson, a beautiful residence for nurses was opened in 1907 which, for many years, was unsurpassed in Canada.

Miss Brent was always interested in nursing organizations and gave help and encouragement in the formation of the H.S.C. Alumnae Association in her capacity of Honorary President. She was also very active in both the international and the national field. She was a charter member of the Canadian Nurses Association and from 1911 to 1912 served as its first vice-president. In 1909, she had the honour of being a member of the delegation which attended the congress of the International Council of Nurses at the time that the Canadian Nurses Association became affiliated. She also served as treasurer of the Canadian Association of Nursing Education before it became a Section of the national Association.

Medals Make Magic

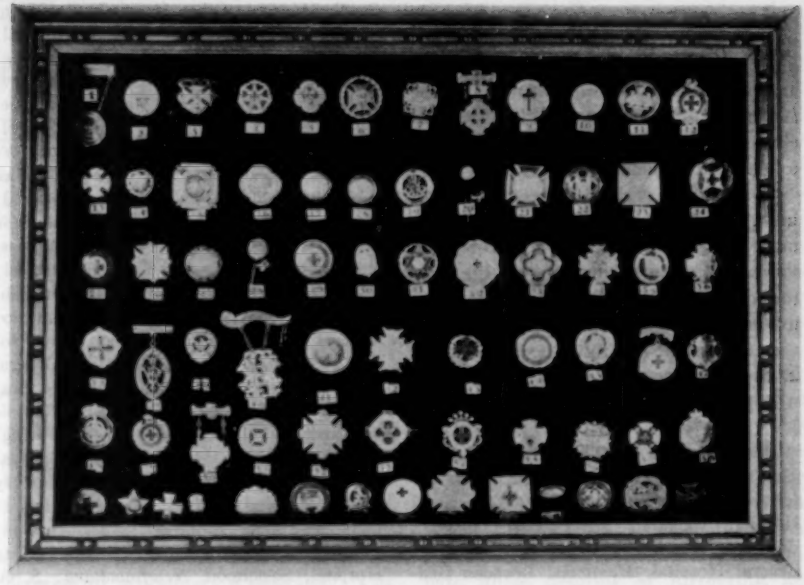
EDITH NAYLOR

We were making plans for our annual tea of the Victorian Order of Nurses York Township and the auxiliary committee asked us to arrange a feature exhibit of some sort to add colour and interest. About five days prior to the date of the function we had a sudden brain wave and decided to attempt a collection of graduation pins from the various hospital training schools for nurses. From the catch-all, which is everybody's attic, we brought forth an antique picture frame and examined its possibilities. It measured about 30 by 24 inches and the frame proper was of deep, rich, hand-carved gold. The gold-encrusted relic began to come to life and its vitality flowed through our hands like a current and the indignity of years of oblivion came to an end. "It came over with Grandma and her household effects in 1886 and Grandma's crossing was not a breathless five-hour hop in a clipper, either."

We could visualize the pins rapidly taking shape on the mount, so we dashed to the basement workshop where the dark-toned pastoral of an enchanting English countryside was discarded and the frame underwent conversion into a deep shadow-box case. Convenient hinges and a clasp were applied so that the frame or lid of the box could be readily raised to set in our entries as they arrived. While the carpentry was in progress, we debated about the lining of the shadow-box. "It should be black velvet or royal purple, like the jewellers use to show off their diamonds, and we've got the very thing — the train of my last year's evening gown. We scurried upstairs and dragged forth a couple of dresses, spreading them out on the bed for inspection. "This black velvet tail is the ticket. Its lustrous pile will make our pins sparkle like the crown jewels." There was not enough material in the train alone so the gown became a sacrificial offering. Soon the work was finished and we stood back to survey our creation — a Rembrandt velvet-lined shadow-box.

Next morning the V.O.N. office buzzed with enthusiasm, and a cry was broadcast for pins. Pins—graduation pins from far and near—rose like a clarion call. Hastily penned letters brought forth amazing results, one contact leading to another. We procured a list of Toronto institutions, then Ontario hospitals, then the Dominion slid into our scope. If only we could have all the Provinces represented—but alas, time was of essence. The telephone rang, a contact reporting. It was the Western Hospital: "Yes, you can count on us for ten pins," and hardly had the receiver banged when the Finnish Consul called: "Go to McPherson Avenue, there's a Finnish nurse there with a Helsinki hospital pin. She will also give you the address of a Danish nurse from Copenhagen." Calls from everywhere began rolling in. "You can have the loan of a New York and Rhode Island pin", came another call. "Mrs. P. has a Manchester pin, and I've just thought of a nurse who hails from the Aberdeen General. She lives somewhere in the east-end."

Next day, when we reached home after our rounds, fatigued with the fun of the chase and bearing many precious insignia, we were met with a list of calls, messages and packages. Opening a parcel from Winnipeg we found con-



tributions all systematically labelled — thanks to our friend at the General. We were cataloguing our entries (each pin must be safeguarded and returned safely and without error for they were priceless) when the door-knocker sounded and there was our friend from Hamilton grimly clutching a box containing some sixteen pins ranging all the way from Calgary to St. Johns. We were all down on our knees on the floor, with its mushroom coloured broadloom setting off our antique frame, as pin after pin was entered and numbered with tiny figures taken from an old calendar. The telephone again. It was the V.O.N. calling. "We've got Fort Simpson, British Columbia, for you, also Saskatoon and a Quebec city. Dr. Isabel has a line on a Chicago and New York, and East York Branch have three, including Detroit. We are working on Nova Scotia—yes, we'll call you." Our son came in, sensing the unusual, and detected the minutely printed Latin mottos, which were a home-work assignment. "Gee, what a paradise!" he exclaimed, running the magnifying glass over our pins. "Enough Latin here to last me three weeks. You know, the language doesn't seem so dead on medals, does it?"

Thus we handled the inspiring collection piece by piece, admiring the shape of this one, the monogram of that; the exquisite carving and coloured enamel work of others. Here was a tiny diamond forming the light in the lamp of perpetual light, and there was a minute lamp of learning, delicately chiselled. In nearly every pin was embodied by ingenious craftsmanship, the Cross, symbol of mercy and salvation. Here was a chest worth $2500, in terms of money, a thought which but further impressed us with our trust. Of infinitely greater significance however, was the collective value of travail, sacrifice,

and achievement; of years of study mingled with practical service to mankind; of long, solitary nights of vigil, and of bearing solemn witness to the enigma of life and death. There was an element of magnetic attraction in their touch which made us reflect that, however practical and courageous a nurse must be, however grimly materialistic must seem her world and her profession, she must be ever conscious of the profound mystery of life, and, as she looks toward and over the frontiers of the vast unknown, she must needs be awed in the presence of the Infinite and thus strengthened for her task.

This collection included the graduation pins, or other insignia, associated with the following institutions: *Alberta*: General Hospital, Calgary; Misericordia Hospital, Edmonton. *British Columbia*: Fort Simpson General Hospital. *Manitoba*: Brandon General Hospital; St. Boniface Hospital; Winnipeg General Hospital; Children's Hospital; Grace Maternity Hospital; Misericordia Hospital; St. Joseph's Hospital; Victoria Hospital. *New Brunswick*: Victoria Hospital. *Nova Scotia*: All Saints' Hospital, Springhill; St. Martha's Hospital. *Ontario*: Toronto General Hospital; Hospital for Sick Children; Western Hospital; Wellesley Hospital; St. Joseph's Hospital; St. Michael's Hospital; Grace Hospital; East General Hospital; Women's College Hospital; University of Toronto School of Nursing; Ottawa Civic Hospital; Cornwall General Hospital; Lord Dufferin Hospital, Orangeville; Ontario Hospital Training School; Stratford General Hospital; St. Joseph's Hospital, Hamilton; Lady Minto Hospital, Cochrane; Kingston General Hospital; Homewood Sanatorium, Guelph; Hamilton General Hospital; St. Vincent de Paul Hospital, Brockville; Guelph General Hospital; Victoria Hospital, London; Faculty of Public Health, University of Western Ontario; General Hospital, Peterborough; St. Joseph's Hospital, London; Brantford General Hospital; Belleville Hospital; Nicholls Hospital, Peterborough; St. Elizabeth's Hospital, Sudbury; Hotel Dieu Hospital, Kingston; St. Andrews Hospital, Midland; General Hospital, Pembroke. *Quebec*: Jeffery Hale's Hospital, Quebec City; Royal Victoria Hospital, Montreal. *Saskatchewan*: Prince Albert Municipal Hospital; City Hospital, Saskatoon. *Newfoundland*: S. A. Grace Hospital, St. John's. *Great Britain*: Aberdeen Hospital; General Nursing Council for England and Wales. *U.S.A.*: Chicago Lying-in Hospital; Teachers College, Columbia University; St. Luke's Hospital, New York; Grace Hospital, Detroit; Roosevelt Hospital, New York; Providence Lying-in Hospital; Johns Hopkins Hospital, Baltimore. *Denmark*: Danish Nurses' Association, Copenhagen.

A Recent Appointment

Following the appointment of Miss Edith Amas to the Nursing Service of the R.C.A.M.C., Miss Ella Mae Howard has been appointed director of nursing in the Saskatoon City Hospital. Miss Howard is a graduate of the School of Nursing of the Royal Alexandra Hospital, Edmonton, and has also taken the course in teaching and supervision offered by the McGill School for Graduate Nurses. Before qualifying herself as a nurse, Miss Howard was a teacher in the public schools of Hanna and later in the Normal Practice School in Camrose. She served as instructor in the School of Nursing of Nicholls Hospital, Peterborough, and immediately prior to her present appointment, as assistant superintendent of nurses in the Regina General Hospital. With such excellent experience in both teaching and administration, Miss Howard's success in her new and responsible task may be confidently expected.

HOSPITALS & SCHOOLS *of* NURSING

Contributed by the Hospital and School of Nursing Section of the C. N. A.

Standardization of Procedures

GWLADWEN JONES

Which of your hospital procedures would you like to see adopted in the nursing schools of Canada? This challenging question calls for an answer from each instructor of the nursing arts. Before an answer can be given, however, do you believe that the standardization of procedures is desirable? The writer advances the following reasons for the affirmative by a consideration of the disadvantages which are a result of the lack of uniformity which prevails at present.

On the home front, let us consider firstly the student who comes to us for affiliation. This student would adapt more readily and would be spared much bewilderment and uncertainty if standardization became effective. These students are frequently in their third year and must readjust to other methods; this, from the standpoint of economy of time, is not in the best interest of nursing education. Secondly: would it not be advantageous for our own students, when they become candidates for the provincial registration examinations, as well as for the examiners of these various subjects, if more uniformity of lectures and demonstrations existed? The rating scale would not be subject to such a range of exceptions. Thirdly: the new graduate becomes a private duty nurse, and is called to serve various doctors and in many hospitals; here again some uniformity of procedures would enable her to adapt herself readily with the minimum of assistance, thus giving efficient service to both patient and doctor. Fourthly: consider a graduate nurse desirous of furthering her education by postgraduate experience in one of our Canadian universities in order to prepare herself for teaching and supervision. During her field work, which in all probability will be spent in a school other than the one in which she received her nursing education, she may be assigned the teaching of a lesson in nursing arts, and while she may appreciate the value of the teaching principles recently stressed, and make definite application of them, may express concern and manifest insecurity because she is unfamiliar with the methods taught in that particular school. Is it not reasonable that if such procedures as bed-making, proctoclysis and innumerable others, could be standardized, the postgraduate student would find it infinitely easier to adjust and at the same time make a worthwhile contribution to the teaching program, rather than necessitate it being considered an extra or review class. Fifthly: the path of the newly appointed arts instructor would

be much smoother if some consideration to the standardization of procedures were given. Instead of weeks of unlearning and indecision she would be able to proceed, secure in the knowledge that the basic principles which she is teaching are those she was taught. Sixthly: would it not be advantageous to the inspector of schools of nursing if certain methods were standardized, with the knowledge that the most desirable method had been adopted? Petty differences in technique to which a certain school might cling jealously could be dealt with judiciously.

If such a challenge were accepted and standardization came into effect, films for use in a community or adjacent communities might be prepared, the expense being borne by the various schools. This would be a suggested project for local committees on instruction, and one which would be of interest to all members. We realize the magnitude of the task and that it would infringe on the individuality of all schools and doubtless meet with opposition. What school will be willing to forfeit its technique? Yet much that is progressive provokes opposition.

The Royal College of Nursing

The Council of the Royal College of Nursing heard with pleasure of Lord Horder's promise to preside over the College's reconstruction committee. This committee will include representatives of all kinds of employing bodies in voluntary and local government services, all the most important groups of medical officers, and representatives of every branch of nursing. It will advise on recruitment and training, both now, when there is such a serious shortage of nurses and after the war, when many women will again be thrown on the labour market. It will recommend legislative measurés for controlling the post-war activities of the assistant nurse, and the regulation of conditions of service by negotiation between employers and employed. Since its findings will represent an up-to-date and agreed policy, arrived at between the nurses themselves and those for whom they work, they should be of national value.

So many nurses are being absorbed into war industries that the need to draw up proper terms of reference and salary scales has become urgent. Endorsement of a proposed code of ethics for industrial nurses is being sought from the Society of Industrial Medical Officers and the British Medical Association. The Royal College maintains that the status of the industrial nurse should be that of other salaried staff, with the same privileges; her professional relations with the industrial medical officer (where one is employed) and the labour or welfare manager, are clearly defined. The principle of overtime pay for overtime work is strongly deprecated but the Council emphasizes the nurse's right to an appropriate fee for lecturing in non-working hours. The Royal College of Nursing recommends that industrial nurses should be covered with regard to professional indemnity.

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Family Health in Montreal

MARIE-ROSE GRIGNON *and* MARIA OLIVIER

The purpose of this article is to point out what is being done in the realm of health in Montreal among our French-Canadian families. Family health service is maintained by the combined efforts of both official authorities and private associations. Our voluntary organizations have been particularly active in carrying out their work of advance guards, that is, of seeking out new fields of action, showing the value of the services rendered, and creating public opinion of a nature to allow the work to be continued. Public authority fulfills its obligation by subsidizing voluntary associations while, at the same time, it sees that the work is properly done. It looks after everything relating of necessity to a health department and seeks to supplement the efforts which cannot be required of voluntary organizations.

The social exchange replies to requests for information on the part of interested organizations. Here, the mother is the object of particular attention. Various organizations give a visiting nursing service as well as proper medical care, either to mothers in comfortable circumstances or to needy mothers. Mothers prefer to be treated by their own doctor when possible; in serious cases they call in a specialist.

"L'Assistance Maternelle", a welfare organization subsidized by the Federation of French-Canadian Charities, offers complete care to needy mothers and maintains a dispensary for examination, analyses, and education. It provides for care by a doctor at the time of birth, and for home nursing from the time the case is entered until after the birth. Material assistance is also given in certain cases, including layettes, food and fuel. The Metropolitan Life Insurance Company, through its visiting nurses, offers to its policy-holders not only nursing during illness but also furnishes an up-to-date educational program. This Company's pamphlets have done a great deal to familiarize the public with public health. Within recent years, a new visiting nurse service has been organized to meet the needs of the public in general. It is called the "Société des Infirmières Visiteuses", and is similar to the Victorian Order of Nurses, giving bedside care to all cases of illness, in maternity cases, special treatments, etc. Patients pay according to a fixed tariff, but in needy cases care is given free. This organization is subsidized by the Federation.

From the time of its entrance into the world, the child must fight against contagious disease. It may be protected against attack from certain ones, notably

smallpox, diphtheria, and tuberculosis. "B.C.G." (Calmette-Guerin bacillus) is furnished free of charge by the Institute of Microbiology and Hygiene of the University of Montreal and is within reach of all on the recommendation of the doctor in attendance. In most maternity hospitals "B.C.G." is administered to new-born infants if the parents wish. Where the mother is tuberculosis, or when there is tuberculosis in the family, the vaccinated child is removed from contact after birth and taken to a B.C.G. clinic, where it remains for several months and receives required care. This clinic, operated under the "Assistance Maternelle", is subsidized and is under the direction of a paediatrist. The staff must be free from tuberculosis, and must submit to periodical examinations. Other children in these families are also protected by the Grancher fund, which sends children to the country under the supervision of nurses of the Ministry of Health.

Infant mortality has diminished considerably within recent years, thanks to well-baby clinics opened by the City Health Department and thanks to those of the "Federation d'Hygiène Infantile", a private institution organized on a parochial basis and subsidized by the Federation. Visiting nurses, either in clinics or at home, teach mothers how to care for their babies. In these clinics are also received children of pre-school age and immunization against diphtheria is administered.

The School Social Service organizes school canteens, the purpose of which is to teach children the nutritional value of milk and thereby to help under-nourished or weak pupils. It seeks to insure the consumption, at school, of one-half pint of milk per day by children who are ten pounds or more underweight. The milk is furnished free of charge to children in needy families.

For some years the School Commission has operated the Victor Doré School for crippled children. This school, erected and equipped according to most modern plans, allows children to continue their studies who would otherwise be prevented from doing so on account of their infirmity. An autobus takes the child to school and back home again. The pupils have their lunch at school, thus insuring proper nourishment. The school is provided with beds where the children may take a rest, rooms equipped with apparatus for correctional physical exercises, manual training classes, etc. These children are under the supervision of a paediatrist and a specialized nurse. A school for epileptic children also exists. It cares for them, educates them, gives them the noon-day meal and a lunch in the afternoon, also furnishing car tickets.

There are vacation camps for little boys and girls which permit them to enjoy three weeks in the country. The Bruchési Institute Health Camps provide two months of vacation for children who are free from tuberculosis, but who have had contact with persons having the disease. A large number of young school children, selected from among the most needy, benefit from these camps, which are even yet not too plentiful. The others find solace in the playgrounds organized by the city.

In the fight against tuberculosis, Bruchési Institute, with its three dispensaries all well-equipped and having an excellent medical and nursing service, seeks out, diagnoses, and educates patients and directs them to hospitals or sanatoria. In her house-to-house visits, the nurse looks after health conditions and watches over the children to catch the first signs of the malady. An association of former tuberculosis patients, "La Croix de Lorraine", facilitates a return to normal living conditions and to

work, and even secures further professional training for those who desire it.

The Department of Health, through its Sanitary Districts, which are provided with centres of organization and education, completes the work of private institutions and looks after public health in general. To accomplish this work a large number of clinics have been opened to the public; pre-natal clinics exist for the protection of the mother and child. Mothers are welcomed by doctors and nurses who pay particular attention to their condition. The doctor's examination is completed by blood and urine analyses and the family physician is advised of the results. Educational work is carried out through personal talks and classes.

Baby clinics, in their fight against infant mortality, have already given good results. They receive: (1) babies from birth to one year to be weighed and measured regularly, to be supervised as to normal growth, control of feeding and inculcation of health habits and practices; (2) children of pre-school age, that is, from one to five years, whose physical and mental development is watched. A medical examination preparatory to the child's entrance into school allows the discovery of certain physical defects and their subsequent correction. In these clinics, preventive medicine is practised under the form of antidiphtheric immunization, starting at nine months of age, and smallpox vaccination, this latter being obligatory for admission to school. The Vollmer test is also made to ascertain tuberculosis contact cases. Positive patch tests are visited by a nurse who makes an investigation and refers the children, as well as the contacts, either to the family doctor or to the Bruchési or Laurier Clinic, the latter, a municipal anti-tuberculosis clinic, for radiography. All the above-mentioned vaccines, as well as certain sera — antidiphtheric, anti-scarlet fever, anti-poliomyelitis — are also furnished gratis to practising physicians who ask for them.

On reaching school age, the child, through contact with a greater number of children in class, is exposed to contagious diseases common to childhood. This necessitates effective supervision so as to eliminate, as early as possible, every suspected case. It is also necessary to control absence due to sickness, by visits to homes. In every case of contagious disease confirmed by a doctor, the nurse goes to the home to investigate, to instruct the members of the family as to reporting the case, the isolation of the patient, disinfection during the period of illness, enforcing of by-laws as to quarantine. Another highly important point is to impress upon the parents the need for medical attention and adequate nursing. The Pasteur and Alexandra Hospitals for contagious cases render valuable services in caring for cases where isolation cannot be carried out in a proper manner in the home, or where the patient cannot receive the proper care.

At school the child receives a periodical medical examination for the purpose of finding and correcting physical defects. Parents are invited to this examination. Parents and the family doctor are notified as to the defects ascertained. This medical examination is completed by all necessary special examinations such as the Binet-Simon test, audiometric test, etc. The former helps classify pupils for industrial classes and permits of selecting those who should be referred to the mental hygiene clinic. There are frequent cases of dental decay among school children. A number of dental clinics operated by the city have, as their object, the spreading of knowledge concerning care of the teeth by means of examination of teeth and

lectures in class by dentists. Cleaning teeth, filling, extractions, and even orthodontia, are practised in a special clinic.

All the work of the City Health Department Sanitary Districts is based on the visits of nurses to the homes. This visit is for the purpose of teaching and applying principles of public health, to develop in the family circle a favourable attitute requisite for preserving health. This is a work of discovery, education and co-operation with the various organizations interested in public health in its physical, moral and social aspects. In the Montreal Department of Health, the health teaching section contributes in great measure to the dissemination of principles of prevention among the French-Canadian public by articles, press releases, its annual report, Health Bulletin, radio talks, and pamphlets.

Hygiene Familiale

Cet article a pour but d'exposer ce qui se fait en matière d'hygiène à Montréal, dans nos familles canadiennes-françaises. Le service familial d'hygiène est assuré par les efforts combinés des autorités oficielles et des associations privées. Nos associations volontaires ont été particulièrement actives en effectuant leur travail d'avant-garde, c'est-à-dire en recherchant de nouveau champs d'action, en prouvant la valeur de leurs services et en créant une opinion publique capable d'en assumer la continuation. De son côté, l'autorité publique remplit son rôle en subventionnant les associations volontaires tout en s'assurant de la qualité du travail accompli. Elle s'occupe de tout ce qui relève nécessairement d'un service d'hygiène, et s'efforce de répondre aux besoins auxquels les associations volontaires ne subviennent point.

L'échange social répond aux demandes de renseignements des organisations intéressées. Chez nous, la mère est l'objet d'une attention toute particulière. Diverses organisations offrent, soit aux mères à l'aise, soit aux mères nécessiteuses, un service d'infirmières visiteuses de même qu'un service médical adéquat. Les mamans préfèrent, quand la chose est possible, se faire suivre par leur médecin de famille. Dans les cas difficiles, elles font appel au spécialiste.

"L'Assistance Maternelle", oeuvre de bienfaisance subventionnée par la Fédération des Oeuvres de Charité Canadiennes-françaises, offre à la mère nécessiteuse un service complet; dispensaire pour examens, analyses, éducation, soins du médecin acoucheur, service de visiteuses à domicile depuis l'inscription du cas jusqu'à la visite postnatale. Une aide matérielle est aussi donnée en certains cas sous forme de layettes, aliments, chauffage, etc. "L'Assurance-Vie Metropolitaine", par son service d'infirmières visiteuses, offre à ses abonnés non seulement les soins au chevet en cas de maladie, mais elle élabore un programme d'éducation familiale très à la page. Les publications de cette compagnie ont fortement contribué à vulgariser les principes d'hygiène.

Dans ces dernières années, un nouveau service de visiteuses a été créé afin de répondre aux besoins de la population en général. C'est la Société des Infirmières Visiteuses, service similaire au "Victorian Order of Nurses", qui procure les soins au chevet pour toutes les maladies, pour les cas de maternité, pour les traitements spéciaux, etc. Les patients paient suivant un tarif établi, mais en cas d'indigence, les soins sont donnés gratuitement. Cette oeuvre est subventionnée par la Fédération des Oeuvres.

Dès son entrée dans la vie, l'enfant doit lutter contre les maladies contagieuses. Contre l'atteinte de certaines affections, il peut être préservé, notamment contre la variole, la diphtérie, la tuberculose, etc. En ce qui concerne la tuberculose, le B.C.G. (Bacille Calmette-Guérin) est fourni gra-

tuitement par l'Institut de Microbiologie et d'Hygiène de l'Université de Montréal et est à la portée de tous sur recommandation du médecin traitant. Dans la plupart des maternités, le B.C.G. est donné aux nouveaunés quand les parents le désirent. Dans le cas d'une mère tuberculeuse, ou, quand il y a un tuberculeux dans la famille, l'enfant vacciné est soustrait au contact dès sa naissance et conduit à la clinique du B.C.G. où il reste plusieurs mois et y reçoit des soins voulus. Cette clinique, filiale de l'Assistance Maternelle, est une oeuvre subventionnée. La direction en est confiée à un médecin pédiâtre. Le personnel doit être indemne de tuberculose et doit subir des examens périodiques. Les autres enfants de ces mêmes familles sont aussi protégés par l'oeuvre Grancher, service de placement familial à la campagne, sous la surveillance des infirmières du Ministère de la Santé.

La mortalité infantile a considérablement baissé depuis quelques années, grâce aux cliniques de nourrissons du Service de Santé de la Ville et aux "Gouttes de Lait" cliniques de nourrissons de la Fédération d'Hygiène Infantile, oeuvre privée organisée sur une base paroissiale et subventionnée par la Fédération des Oeuvres. Les infirmières visiteuses, soit à la clinique, soit à domicile, enseignent aux mères comment prendre soin de leurs bébés. Dans ces consultations, on reçoit aussi les enfants d'âge préscolaire et l'on procède à l'immunisation contre la diphtérie.

"Le Service Social scolaire" organise les cantines scolaires qui ont pour but de démontrer aux enfants la valeur nutritive du lait et d'aider ainsi l'enfant débile. Il consiste à promouvoir la consommation, à l'école, d'un demiard de lait par les enfants qui ont au moins dix livres en bas du poids moyens. Le lait est fourni à titre gracieux aux écoliers appartenant aux familles nécessiteuses. Depuis plusieurs années déjà, la Commission Scolaire a ouvert l'Ecole Victor-Doré pour les enfants infirmes. Cette école, aménagée d'après les données les plus modernes, permet à l'enfant de poursuivre ses études lorsque son infirmité l'empêche de suivre les classes régulières. Un autobus prend l'enfant à la maison le matin et le ramène chez lui le soir. Les enfants dinent à l'école, ce qui leur assure une alimentation rationnelle. L'école dispose de lits de repos, de salles munies d'appareils pour exercices physiques correctifs, d'ateliers de travaux manuels, etc. Ces enfants sont sous la surveillance d'un médecin pédiâtre et dinfirmières.

Une école pour les enfants épileptiques reçoit cette catégorie d'enfants, les traite, les éduque, fournit le repas du midi et la collation puis les billets de tramways. Cette école possède un atelier pour la confection des jouets nécessaires à l'enseignement manuel de ses élèves. C'est une école indépendante, et les parents doivent y conduire eux-mêmes leurs enfants.

Des colonies de vacances existent pour garçons et fillettes, les faisant bénéficier d'un séjour de trois semaines à la campagne. Les Camps de Santé de l'Institut Bruchési procurent deux mois de vacances aux enfants indemnes de tuberculose, mais qui ont été en contact avec des tuberculeux. Un grand nombre de petits écoliers choisis parmi les plus déficients bénéficient de ces colonies de vacances encore trop peu nombreuses. Pour les autres, il existe des terrains de jeux organisées par la Ville.

Dans la lutte contre la tuberculose, l'Institut Bruchési, avec ses trois dispensaires bien outillés et un excellent service de médecins et d'infirmières visiteuses, recherche, diagnostique, éduque les patients et les dirige vers l'hôpital ou le sanatorium. Dans ses visites à domicile, l'infirmière voit aux conditions d'hygiène, surveille les enfants pour saisir à son réveil l'éclosion de la maladie. Une association d'anciens tuberculeux "La Croix de Lorraine" facilite le retour à la vie normale et au travail et elle procure une nouvelle formation professionnelle à ceux qui le désirent.

Le Service de Santé, par ses "Districts Sanitaires" pourvus d'un Centre d'organisation et d'éducation, complète le travail des organisations privées et s'occupe de la santé de la population en général. Pour accomplir cette tâche, de nombreuses consultations sont ouvertes au public. Des consultations prénatales sont établies pour la protection de la mère et de l'enfant. Les mères y sont bien accueillies par les médecins et les infirmières qui accordent une attention toute particulière

à leur état. La consultation du médecin est complétée par l'examen du sang et par l'analyse des urines, etc. Le médecin de famille est avisé du résultat de cet examen. L'on y fait de l'enseignement sous forme d'entrevues individuelles, et de classes.

Les consultations de nourrissons, dans leur lutte contre la mortalité infantile, ont déjà donné de bons résultats. L'on y recoit 1o) les nourrissons de 0 à 1 ans, pour la pesée et la mensuration régulières, pour la surveillance de la croissance normale, pour le contrôle du régime alimentaire et pour l'enseignement des soins d'hygiène pratique; 2o) l'enfant d'âge préscolaire, c'est-à-dire de 1 à 5 ans, dont on surveille le développement normal physique et mental. Un examen médical en vue de préparer l'enfant à son entrée à l'école, permet de découvrir certains défauts physiques et d'y porter remède.

Dans ces consultations, la médecine préventive est pratiquée sous forme d'immunisation antidiphtérique dès l'âge de neuf mois, et de vaccination antivariolique, cette vaccination est obligatoire pour l'admission à l'école. L'on y fait aussi le test Vollmer pour la recherche des contacts tuberculeux. Les patch-tests positifs sont visités par l'infirmière qui fait l'enquête et réfère les enfants ainsi que les cas de contact soit au médecin de famille, soit à l'Institut Bruchési, soit à la clinique Laurier, clinique antituberculeuse municipale, pour y être radiographiées. Tous les vaccins plus haut mentionnés, ainsi que certains sérums tels que les sérums antidiphtérique, antiscarlatineux, antipoliomyelitique, sont aussi fournis gratuitement aux médecins praticiens qui en font la demande.

Parvenu à l'âge scolaire, l'enfant par son contact avec un plus grand nombre d'enfants rencontrés en classe, est exposé aux maladies contagieuses dites de l'enfance, d'où la nécessité d'une surveillance efficace afin d'éliminer sans retard tout cas suspect. Il est aussi nécessaire de controler les absences attribuables à la maladie, au moyen de visites à domicile. Dans tous les cas de maladies contagieuses confirmés par un médecin, l'infirmière se rend à domicile pour enquêter, faire l'éducation des familles au sujet de la déclaration des cas, de l'isolement du malade, de la désinfection en cours de maladie, de l'application des règlements concernant la quarantaine etc., et, ce qui n'est pas le moindre: faire comprendre l'importance de la surveillance médicale et des soins en nursing.

Les hôpitaux Pasteur et Alexandra, hôpitaux pour contagieux, rendent d'immenses services en hospitalisant les cas dont l'isolement ne peut être fait de façon convenable à la maison, ou que le malade ne peut y recevoir les soins adéquats.

A l'école, l'enfant subit un examen médical périodique pour la recherche et la correction des défauts physiques. Les parents sont convoqués à cet examen. On donne aux parents et au médecin de famille un avis concernant les défauts trouvés. Cet examen médical est complété par tous les examens spéciaux nécessaires: tests Binet-Simon, examens à l'audiomètre, etc. Le test Binet-Simon aide à la classification des élèves pour les classes industrielles et à la sélection des cas à référer à la clinique d'hygiène mentale, etc. La carie dentaire est fréquent chez la gent scolaire. Plusieurs cliniques dentaires ouvertes par la ville ont pour but de faire l'éducation au sujet des soins dentaires: examens et causeries du dentiste dans les classes, prophylaxie, obturation, extractions et même orthodontie à une clinique spéciale.

Tout le travail des Districts Sanitaires du Service de Santé de la Ville repose sur la visite de l'infirmière visiteuse à domicile. Cette visite a pour objet l'enseignement et l'application des principes d'hygiène, afin de développer au sein des familles l'attitude favorable nécessaire au maintien de la santé. C'est un service de dépistage, d'éducation, de coopération avec les diférentes organisations qui s'occupent de la santé physique, morale et sociale. Au Service de Santé de Montréal, la Section de l'enseignement de l'Hygiène par ses articles quotidiens dans les journaux, son rapport annuel, son Bulletin d'Hygiène, ses causeries à la radio, ses feuillets, etc., contribue, aussi, largement à la diffusion des principes de la prévention parmi notre population canadienne-française.

MARIE-ROSE GRIGNON,
infirmière visiteuse, Institut Bruchési.

MARIA OLIVIER,
infirmière surveillante, Service de Santé, Ville de Montréal.

At Work in an Indian School

KATHLEEN STEWART

In the Indian Residential School at Birtle, Manitoba, we usually have about one hundred and fifteen boys and girls from seven to sixteen years of age. They come from many Reserves, the most distant being Mistawasis, five hundred miles away. English is the common tongue but they speak in three Indian languages as well — Cree, Sioux, and Saulteaux. Some tribes seem more advanced than others, but all are peaceful and anxious to do well.

Tuberculosis is prevalent and some who are negative at the autumn check-up develop it and have to leave the School before spring. During the last two years we have had no active cases except two new pupils, one of whom is now well and back at school after spending a year at the Sanatorium. We have had two epidemics of influenza and one of whooping cough, and for awhile we could not go out on account of the prevalence of scarlet fever in town. I do not know of a single case of an Indian having scarlet fever and I wonder if they are immune to it.

Trachoma is our special problem and we treat it with copper citrate ointment and copper sulphate pencils. The copper sulphate pencil is applied directly to the inside of the infected eyelid, then neutralized with saline. Some of the pupils bore this patiently for years from one to five times a week and we used the copper citrate ointment on alternate days. Last autumn, along with the old treatment, we began to use Sulfanilamide for twenty patients over a period of eight weeks and two weeks to rest. Very soon the trachoma disappeared as if by magic. Within three weeks, in some cases, scar tissue was lessened so that the children could see at least fifty percent better than they had seen for years.

On the Indian Reserves near us there has been a high infant mortality and resistance to modern methods of treatment, especially regarding fresh air and isolation. To combat these conditions, we taught hygiene in class as well as we could but apparently with very little result. Then we changed our methods and started Canadian Girls in Training groups and took up St. John Ambulance junior first aid as a departmental project. Of the class of twenty-eight, only one refused to try the examination. We presented the certificates formally and every one concerned wore a C.G.I.T. uniform. The missionaries from the reserves, the doctor, and the Indian agent were invited. The girls contributed vocal numbers and the matron presented the certificates and introduced the girls as they received them.

The next year we tried home nursing and this created much interest and out of a class of thirty-one, only six failed. They recognized the value of home nursing and liked it, so the next year we tried the senior course. Sixty hours of their spare time was spent on instruction and practice and the rest of the studying was done when they could manage it. We hectographed notes and gave them the pages as they went along. When the certificates were presented the Canadian Mounted Policeman for this district was chairman.

Next we planned a two-year course in mother craft. The first part includes personal hygiene and moral conduct, and gives simple information about social diseases. Attention is also given to home

making and child care and training. The second part will deal with the essentials of midwifery because sometimes a girl goes home to the Reserve for a few weeks to care for her mother and the new baby. Elementary teaching will also be given in children's diseases and the care of old people, the blind, and cripples. We use the free literature provided by the Manitoba Department of Health and each girl gets the pamphlets entitled: "You and your baby", "Now we are growing up", "First years at school", "The in-between years", "Years of discretion", as well as pamphlets on prevention. This year, twenty boys and thirty girls are taking first aid. They have brothers overseas and are hoping to learn to be useful so that if they have an opportunity they will be ready, for they want to serve their country.

Except for an hour in the dispensary every morning, I do very little in the hospital because no one has been ill lately. On the staff of this school, one is a missionary rather than a nurse. When the principal is away we take part in the church services here and at an Indian church about fifteen miles away. Often we are invited to speak at meetings and it is my special delight to tell about our work, especially during the holidays when I can meet the members of Women's Missionary Societies.

I like to sew and recently made the costumes for a patriotic concert. I even cut the girls' hair and there are duties in the play room and in meal supervision.

The photograph shows my senior and junior home nursing classes and I am the small person in the centre at the back and I am not wearing my cap because we are on our way in to supper after having a whole day of community sports where our children won many prizes. One of my senior class is deaf and only speaks about twice a year but she talks on her fingers (mixes Indian and English) and writes well for she is very clever. We skate, ski, play hockey, tennis, and badminton. Near the school there are poplar bluffs, hills, and a river, so we have many picnics, hunt rabbits and gophers, and fish.

Letters from Sweden

ELIZABETH LYSTER

Author's Note: While on a holiday in New York City, in March 1940, I learned of a Field Hospital Unit which was being formed to give medical and nursing aid to Finland in the war which they were fighting against Russia at that time. I was lucky enough to be accepted as a member of this Unit and, although the war had come to an end before we sailed, it was thought that we could give valuable help in reconstruction. However, as shown in the following letters, the German invasion of Norway brought about changes in the original plans of the Unit.

Stromsund, Sweden
May 20th, 1940.

Dear M:

Here we are back in Sweden once more, which, all things considered, is a good thing. You would never guess where we are living this time—in a Baptist Chapel! Some of the girls are sleeping on stretchers, some on small wooden beds, and some on two pews turned together, with straw mattresses. I have a bed and a straw mattress and am using my sleeping bag which is very cozy and warm. We have three long wooden tables, end to end, for our dining room table.

Last night, we had a birthday party in my honour! A table cloth (unbleached cotton sheets), six lovely long blue candles and five red tulips. A regular spread—meat (heavens knows what) which the girls sliced and fried, and scrambled eggs, real eggs, not the powdered kind which we have in our stores, green peas, cranberry juice cocktails, hard Swedish bread, cheese, peanut butter and coffee.

This town, like many another in Sweden, is full of Norwegian refugees. In a few weeks, Gaddede alone cleared between six hundred and seven hundred; they were only allowed to keep them 24 hours. All Sweden has blackout orders, but since in this part of the country, we have no darkness to speak of now, it is a bit superfluous. It is rather strange seeing the sky coloured with the sunset as late as 11 o'clock, a bright moon in a light sky and birds still twittering. They have a bad time of it, those birds, hardly close an eye.

The situation in France is pretty desperate and we listen anxiously for news as you must too.

Stromsund, Sweden
May 26th, 1940.

Dear M:

Our days here are very uneventful and the big thrill is bath day—Friday for the women. The men are more fortunate, having Thursdays and Saturdays. We are doing all our cooking on gasoline burners and really managing very well, all things considered. We take turns on duty for meals and sweeping; the men empty buckets and do other odd jobs. Laundry is more of a problem than ever before but we still look quite presentable and certainly many of us are much healthier than when we landed in Bergen.

From the top of a low hill, ten minutes walk from here, there is the most lovely view, an almost complete circle of hills and mountains around the lake, which oddly enough reminds me of the St. Lawrence with its small wooded islands. There is wave on wave of curving low mountain lines of every varying shade and tint of blues and greys and blacks. On the lake, which incidentally we crossed about a month ago on

the ice, there is a cable ferry. I had my fingers crossed, that other time, for some of those trucks were mighty heavy.

Lights are going out soon so will write more to-morrow. No more black-outs, which means we don't turn in quite so early.

Stromsund, Sweden
June 9th, 1940

Dear M:

Your letter of May 17th arrived to-day — my very first! Things are happening so fast and horribly. I am steeling my mind against the worst. I do not like the sound of voices over the radio these days. It is amusing, in a cynical and horrible way, contrasting the news from England, France and Germany.

We have been here at Stromsund about three weeks now and have moved from the Chapel to the headquarters of the Independent Order of Good Templars which are over one of the 2 "bios" (movies). All the girls except three who share a small room, are sleeping on a long glassed-in porch. We are gradually getting used to 24 hours of daylight, though sometimes it proves a bit disturbing to sleep. We have another small room which we use as a washing and dressing room; the boys pull the curtain across the stage in the big room where they sleep, and use that. We have a kitchen and a wood stove and a store room so we're really very grand.

Heaven and earth and several other things are being moved to get us moving again to some place where we shall be useful. There are money difficulties and transportation difficulties and altogether our path seems strewn with them, but we are hopeful that everything will be straightened out soon.

Stromsund, Sweden
June 24th, 1940

Dear M:

Your first letter had been opened by the censor but nothing was removed. In answer to some of your questions: the cholera didn't upset me at all and we never did get typhus! The sun glasses have been useful so many times that I have thanked my lucky stars that I had them. The glare on the snow was unbearable and even now on a sunny day, it is wise to wear them. It is impossible to put into words anything but these little personalities, perhaps the worth while things after all, which will go on making peoples' lives richer when other larger and seemingly overwhelming things have almost faded from man's memory. For us, our position remains unchanged. In time, perhaps, things will be straightened out and we will be on our way again.

The last few days have been ones of sober festivity. I say sober for the Swedes appear to take their pleasures seriously. It is Midsummer, in fact to-day is Midsummer Day, but the dancing and fun started Saturday. Many houses have a small sapling on either side of their front door and small branches of the same kind of trees, which I think are young birches, woven through the mat at the doorstep or strewn around it for the occasion. They go in for flag poles here—tall white ones with knobs on top. One of the girls counted 23 large Swedish flags waving in the breeze one day — just standing outside the door of the Chapel (our late abode) and taking a quick look round! It is a nice flag — a lovely blue background with a primrose yellow horizontal cross.

In a clearing, in a grove of birch trees, a small dance platform has been built, with a covered-in nook for the orchestra. Incongruously, we read "Swingers" printed on the cloths draped over their music stands and believe it or not there is a hot dog stand, though the words printed on the side are "Varm Korv". Sometimes they come enclosed

in a very small white bun and sometimes a piece of paper takes the place of the bun. I haven't discovered yet whether it is a shortage of buns or some deeper subtler reason. There are darts to throw and air rifles to shoot and the prizes all seemed to be stuffed dogs, varying in size according to the excellence of your aim. There is a magician, and there is a very tall flag pole with cross-bar, all of it swathed in greenery, for the Maypole dances. Unfortunately, I did not know when the Swedish dances were being danced until they were over.

Stromsund, Sweden
July 2nd, 1940

Dear M:

I hesitate to make any statements about our plans; they are so nebulous and so subject to change, however, here are the latest. The Unit is trying to go to France under the auspices of the Red Cross, minus a few of its members, including me. There are several reasons why I have made this decision and how or when I shall return to New York is apparently in the lap of the gods. In the meantime, I shall remain in Sweden and perhaps try to get something to do if the time begins to stretch out too long.

To-day is rainy and cold and so most of us are playing bridge, reading, writing, listening to the gramaphone or radio, or both since both are going at the moment. Guess what we had a little while ago—the Breakfast Club and Don McNeil—shades of the past! It is very difficult to get America and usually not very satisfactory. I have tried my hand at bread-making with powdered yeast with only very indifferent results; it was all eaten up, but anything is a blessed relief after Swedish hard bread.

Two of the boys have been spending their spare time making model sailing boats, and two very fine specimens they have produced too, sails and all. I am doing a bit of bicycling. Four of us did 17 miles one day and since we were heading into a stiff wind on the way back, I was tired. You should see the children here on bicycles. They start carrying them around on handle-bars or carrier before they can walk properly and they have the neatest little metal seats which they attach just behind the handle-bar. There are few cars, due to fuel shortage, and we jump like frightened rabbits when one does come along.

Stromsund, Sweden
July 25th, 1940

Dear M:

Whether this letter reaches you before we arrive in New York or not is problematic since the latest plans are that the Unit will sail from Petsamo on an American troop transport. However, the last four months have been full of upsets and last-minute changes, that not one of us will believe it till we are actually on board. One thing which may happen is further developments between Russia and Finland.

I wish you could see this country now. Wild flowers growing everywhere — along the roads and in the fields — white, mauves, pinks, yellows, reds, and the fields covered in long rows of short grass walls, varying in colour from new-cut deep green through all the shades of yellows and browns. The drying hay is spread out along a series of horizontal bars and the effect is of a solid wall. Over all this, the most magnificent sky and clouds. The sunsets, which linger on as though knowing how lovely they are, seem always to be able to surprise and delight one with their infinite variety.

Every Saturday and Sunday, during the summer, there is dancing in the open in the park and last week-end was

very special, for us. They organized a relay swimming race, for the boys of the village and the Unit, and our lads won. There was a potato race for the girls and a tug of war for the boys and the Unit showed up very badly. I was in the race and came in second last. In spite of losing, however, the boys were each presented with a wooden souvenir plate of Stromsund and an athletic pin. On Sunday they had old native dances and two of us went over to watch. We are trying to learn one of them — the hambo — very energetic. There were flags flying and, on this special occasion, there was "Old Glory", then a Swedish flag, and, then, almost too much, the Norwegian. It was a picture I shan't forget. Another thing I shall always remember is miles and miles of wooded country with not a soul in sight and not a sound to be heard save the occasional muted note of a cow bell.

(To be continued)

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Reta Myers has been transferred from the Halifax staff to take charge of the branch in Digby, replacing *Miss Harriet Brydon* who has resigned.

Miss Winnifred Newcombe has been transferred from the Winnipeg staff to the Vancouver staff.

Miss Lucienne Audet has been transferred from the Lachine Branch to take charge of the Pointe Claire Branch, replacing *Miss Rolande Blais* who has accepted a position with the Timmins Board of Health.

Miss Agnes Purcell and *Miss Gertrude Lawrence* have resigned from the staff of the Halifax Branch.

Miss Rachel Doull has resigned as nurse-in-charge of the Prince Albert Branch.

Miss Emily Keegan and *Miss Lillian Levine*, formerly on the staff of the Montreal Branch, have been re-admitted to the Montreal staff.

Miss Margaret McIntosh, formerly on the staff of the Glace Bay Branch, has been appointed to the staff of the Halifax Branch.

Miss Marjorie Baird, recently superintendent of the Margaret Scott Nursing Mission, has been appointed assistant to the supervising nurse in the Border Cities Branch.

Miss Alma Taylor, a graduate of the Hamilton General Hospital, has been appointed temporarily to the Hamilton staff.

Miss Irene Lawson has been appointed nurse-in-charge of the new branch in St. Thomas, and is being replaced as nurse-in-charge of the Barrie Branch by *Miss Margaret McNabb* who is being transferred from the East York staff.

Miss Lucille Bonin, a graduate of St. Michael's Hospital and of the public health nursing course at the University of Toronto, and *Miss Jean Williams*, a graduate of the Hamilton General Hospital and of the public health nursing course at the University of Toronto, have been appointed to the Toronto staff.

Miss Emilienne Dion, a graduate of the Hospital of the Infant Jesus, Quebec, and of the public health nursing course at the University of Montreal, has been appointed to the staff of the Sudbury Branch.

Miss Helen Furlong, a graduate of the Ottawa General Hospital, has been appointed temporarily to the East York Staff.

Miss Constance Leleu, who has been acting nurse-in-charge of the Sackville Branch for the past three months, has returned to the Hamilton staff.

Mrs. Jeanette Hicks has resigned from the staff of the Montreal Branch to take up residence in Victoria.

Miss Bessie Seaman, a graduate of the Montreal General Hospital and of the public health nursing courses at Teachers College and the School for Graduate Nurses, McGill University, has been appointed to the staff of the Montreal Branch.

STUDENT NURSES PAGE

A Hospital Afloat

ELSIE SCHROEDER *and* ROSAMUND WILSON

Student Nurses

School of Nursing, Montreal General Hospital

Not long ago we had the good fortune to be in a Canadian port at the same time as a hospital ship, and were able to visit her. We found it so interesting professionally, that we thought the readers of this *Journal* might like to know something of what we saw. The ship had been a cargo boat, plying between English and American ports, but after the outbreak of war she was chartered by the British government and converted into a wonderfully complete hospital. Her owners are still responsible for engaging a crew and providing food for everyone on board, whilst the military hospital authorities look after everybody's health.

The whole ship is painted white, and the large red crosses on the sides, one aft of the hatchways and two on either side of the funnel, stand out clearly especially when the floodlights are turned on them at night. The ship is then a lovely sight, for she is also outlined by green lights all along the rail of the main deck. In accordance with the Geneva Convention of 1929, the enemy government is notified of the movements of all hospital ships, and is given the route by which they will travel, but this did not prevent three hospital carriers being sunk during the evacuation from Dunkirk.

The medical staff on board is made up of eight doctors, a dental officer, a padre and a chaplain, and they are assisted by seventy-six men of various ranks and positions. Usually fourteen nursing sisters are on board to take charge of the organization and administration of the wards, but, owing to the special care needed by so many of the patients making this voyage, they had been left in England, and their work was being done by men. The ship, with its medical, surgical, mental, and convalescent wards, has accommodation of the most modern kind for four hundred patients. The officers have single beds, but the men's are of the double-decker type. Each one has a locker attached to the footrail, a sliding bed tray, an overhead light, swinging handles to help the patient change his position, and curtains to give him privacy. Everywhere the freshly painted green walls and the white beds produced a most cheerful atmosphere in the largest ward of ninety beds, down to the smallest one of only twenty-five. The desk and blackboard for the use of doctors and nurses are at the front of the ward; the small but fully-equipped utility room is at the side. The surgical wards have treatment cars, very much like those in our hospital. A patient, before an oper-

ation, goes to a preparation room on an upper deck in a cot lift.

The two operating rooms are fully equipped for every emergency and the adjoining autoclaving room is complete in every detail. The sterile goods are kept in airtight drums and packages. We saw, for the first time, the new zinc oxide plaster which is being used extensively to dress wounds. It looks like a small roll of rather limp adhesive plaster, but pink in colour. Apparently it is much cheaper than elastoplast, and quite as satisfactory, and saves using enormous quantities of gauze and absorbent. There was also a very complete x-ray room, with walls lined with lead to insulate the rays. We were sorry not to be able to see the pathological laboratory, the dental surgery, and the small isolation ward for tubercular patients; nor did we see the laundry, linen rooms or kitchens, but we are sure their equipment must be as up-to-date as the rest. Adjoining each convalescent ward is a lounge with comfortable chairs, a radio, and well-filled book cases. There is also a recreation room with games of all kinds. Concerts or an occasional boxing contest provide extra entertainment for those well enough to go down to the hold.

The nurses on this ship have the usual hospital hours of work and everything possible has been provided to make them comfortable when off duty. Their two sitting-rooms are beautifully furnished, with heavy rugs on the floor, chesterfields and chairs, a radio in one corner and a piano in the other. They use the same recreation room as the medical staff, which gives them plenty of opportunities for dancing, and for good games of badminton.

To the colonel and the quarter-master sergeant we tender our grateful thanks for making it possible for us to see so much of such great educational value. We wish them bon voyage whenever they put to sea.

Obituaries

EMILY HELEN CROSSLEY died recently in Montreal after a long illness. Miss Crossley was a graduate of the School of Nursing of the Western Hospital, Montreal, and a member of the Class of 1913. After serving as a Nursing Sister with No. 1 Canadian General Hospital during the first Great War she was appointed to the X-ray department of the hospital at Winchester, Mass.

GERTRUDE HONEY died recently in Toronto. Miss Honey was a graduate of the Mack Training School for Nurses of the General Hospital, St. Catharines, Ontario, and was a member of the Class of 1922. For some years, she was engaged in institutional work in the United States.

MRS. MARY RUTHERFORD IRONSIDE (née Russell) died in Moose Jaw, Saskatchewan, on December 2, 1941. She was a graduate of the School of Nursing of the Hospital for Sick Children, Toronto, and a member of the Class of 1906. Prior to her marriage, she practised as a private duty nurse in Owen Sound, Ontario, and later in Moose Jaw.

GWYNETH MOORE, a graduate of the Mack Training School for Nurses of the General Hospital, St. Catharines, Ontario, and a member of the Class of 1936, died recently after a short illness.

Correspondence

Your Name, Please

The *Journal* has received an amusing and penetrating comment on the importance of certain details of nursing care which we should be very glad to publish if it were not anonymous. If "A Registered Nurse" will let the editor have her name and address, these will be kept in confidence and a pseudonym may be used. But we must have the name, please. This is a rule to which there can be no exceptions.

A Word for the Small School

Commenting on Beatrice Andrews' article in the November *Journal* I feel urged to help hold up her hands in a good cause. If the large hospitals can't manage without nurses-in-training how are the smaller institutions to do so when their finances are in no better circumstances? Would it not be possible to enlarge on the affiliation idea and could not the nurses from larger and more advanced places serve their profession well by spending a small amount of time in the smaller hospitals? But first it would be wise for them to realize how it hurts and fosters dislike amongst nurses from or in small hospitals to be treated with a condescending attitude. Not having as much to work with, nurses from small hospitals often prove much more resourceful than those from larger places, and seem more ready to accept hardships and to go out into the country where they are needed.

Having spent considerable time as a patient, I have had a fair chance to see both sides and I've seen graduates from large hospitals do things I venture to say few pupils from small hospitals would do. So why consider them so much better trained if they had not learned to put into practice what they had been taught? True enough, nurses in larger institutions have many opportunities not enjoyed by those in smaller hospitals. But it seems to me you have more real contact with the patient in a small hospital and you can follow a patient right through from admission, operating room, aftercare and discharge in a way that you can not in a larger place. The argument is plain. Don't close the small training schools. Improve them. There is much of real value in them and they serve their purpose. Nurses with more advanced training could receive a more advanced examination and be given a degree of distinction.

—R. Dorothy J. Hatherley

O.N.S.A. News Letter

Early last December a second contribution was forwarded to the secretary of the Royal College of Nursing in London, to be used for the relief of civilian nurses who have suffered from enemy air-raids. This sum of £200 brings our total 1941 contributions to £600. Our Christmas News-Letter to all member units contained all the latest news. In its company were copies of the plan submitted by Miss Edna Moore, chairman of the committee on revision of the constitution and by-laws of our Association. Member Units have been requested to give the proposed amendments careful consideration and to instruct their official delegates regarding their treatment of the plan when it is presented during our next biennial meeting to be held in June, 1942.

We are pleased to report that the record of nursing services in the Great War 1914-1918 which will be included in the history of nursing in Canada is being prepared for the Canadian Nurses Association by our president, Miss Fanny Munroe, and the secretary-treasurer of the O.N.S.A.

The *Edmonton Unit* records an exceptionally busy year. Its president is a member of the executive committee of the War Services Club and the Unit maintains representation on the co-ordination War Coun-

cil and the new "Wings" Club. Ditty bags, for the Merchant Marine, have been filled and a contribution of $25 made. Parcels have been sent to soldiers and nurses serving overseas, and hospital comforts and games were donated to the Manning Pool Depot. The sum of $800 was forwarded to the Executive of the National Association for disposal among the civilian nurses in Britain who have suffered in air-raids, and every member continues to subscribe monthly. Miss Olive Wotherston is again on active service in England. The Unit regrets to record the loss by death of Mrs. R. McKee.

E. FRANCES UPTON,
Secretary-treasurer.

A.R.N.P.Q. News

The Board of Management of the Association of Registered Nurses of the Province of Quebec is planning to hold a general meeting of the Association in Quebec City during the month of February, detailed announcements of which will be in the hands of the members before this notice appears in the *Journal*. February 20 has been reserved for this meeting, which will cover two sessions—a meeting of the Board of Management during the afternoon in the Chateau Frontenac and a general bi-lingual session to be held in the evening in the classroom of the School of Nursing of l'Hôpital de l'Enfant-Jésus, 395 rue de la Canardière. The Board trusts that as many members as possible will plan to attend this meeting.

Tentative arrangements have also been made for the twenty-second annual meeting of our Association which will be held in the Windsor Hotel, Montreal, on Friday, May 15. Because of the fact that the Biennial Meeting of the Canadian Nurses Association will be held in Montreal in June of this year, and because of the strenuous times in which we are living, it has been deemed advisable to simplify our plans for our annual meeting this year, hence the decision that it should cover one day only. Further details will appear in the March issue.

Ontario Public Health Nursing Service

Miss Queenie Donaldson (Ottawa Civic Hospital and University of Toronto public health nursing course) has resigned her position with the Fort William Board of Education to accept a post with the Winnipeg Department of Health.

Mrs. Eric Webb (Clarabelle Nicholson) has left the Board of Health of St. Mary's. She has been succeeded by *Miss Mary Younge* (Royal Victoria Hospital, Montreal, and University of Western Ontario public health nursing course).

Miss Rolande Blais (Ottawa General Hospital and University of Toronto public health nursing course) has accepted a position with the Timmins Board of Health. Miss Blais succeeds *Miss Jeanne Manthe* who resigned recently.

Miss Winnifred Ashplant has been appointed to the nursing staff of the London Board of Education where she will develop a special program in the secondary schools.

M.L.I.C. Nursing Service

Miss Willa Ahern (Ottawa General Hospital, 1935, and public health nursing course, McGill School for Graduate Nurses, 1936) has been transferred from Niagara Falls, Ontario, to the Mount Royal Nursing Staff, Montreal.

Miss Clarissa Chivers-Wilson (Port Arthur General Hospital, 1920) has been transferred from St. Thomas, Ontario, to Niagara Falls, replacing Miss Willa Ahern.

NEWS NOTES

ALBERTA

LETHBRIDGE:

At a recent meeting of Lethbridge District No. 8, A.A.R.N., Mr. G. A. Young was the guest speaker, and his subject was income tax and national defence tax for nurses. At the December meeting Sister Beatrice gave an account of the meeting she had attended in Edmonton.

Miss P. Clarke, Miss D. Shaw, and Miss G. Dacre, formerly on the staff of the Galt Hospital, have left to practise their profession in British Columbia.

BRITISH COLUMBIA

CHILLIWACK:

The Chilliwack Chapter of the R.N.A.B.C. was formed in April, 1941, when officers and committee were appointed for the ensuing year. Meetings are held every Tuesday of each month at the Chilliwack General Hospital. At the present time there are twenty-one members and associate members and these are getting in touch with all nurses in their territory in the hopes of increasing the enrolment. The Chapter was formed with the object of meeting a need, especially among the older graduates, for education along medical lines, thereby endeavouring to keep abreast with the constant advance in that field. The hope is also expressed that by their coordinated effort they might be a force in promoting the general well-being of nursing in general. Programs of an instructive nature have been featured at each meeting following the usual business. The local doctors have co-operated giving talks on the following topics: anterior poliomyelitis; the founding and development of the St. John Ambulance Association, and a moving picture of a cholecystectomy with an explanatory commentary. Another interesting feature was the showing of colorful garden scenes.

The Chapter is contributing toward the fund for the relief of civilian nurses in England. At each meeting one member donates an article (the first was an angel cake), tickets are sold, and the article is drawn for.

The December meeting was a social event, each one bringing a wrapped and labelled gift for the Community Chest.

The following is a list of the officers: Honorary President, Miss L. Hodgkins; president, Miss C. Tait; vice-president, Mrs. Blanche Parr; secretary, Mrs. E. Roberts; treasurer, Mrs. C. Webb; conveners for standing committees: public health, Miss M. Black; hospital, Miss R. Owen; general duty, Miss E. Scott; membership, Miss J. Barker; program, Miss K. Cowley, Miss M. Ward; visiting, Mrs. G. Challenger; refreshments, Mrs. L. Cusack, Miss M. Quinlan; press, Mrs. W. Stevenson; finance Miss E. Moody.

NELSON:

The Nelson Chapter of the R.N.A.B.C. holds its regular meeting on the first Tuesday of each month. The library report showed that twenty-five books had been added to the library during the year. Miss V. B. Eidt, honorary president, gave a report of the special meeting of the R.N.A.B.C. held in Vancouver when the proposed revision of the Act was submitted to the members. At the November meeting means of increasing the interest of associate members was discussed. Miss E. Mallory's report of the joint meeting of the Canadian Nurses Association executive and representatives of the University Schools of Nursing in Canada was discussed by Miss Eidt.

The first Nelson nurse to go overseas with the Canadian Red Cross Society is Miss Elizabeth Stewart. Miss Stewart graduated in 1938 from St. Eugene Hospital in Cranbrook. Following her graduation Miss Stewart took up duties under the Red Cross Society at St. Joseph's Hospital at Dawson, Y. T., and remained there until she assumed her duties at Kootenay Lake General Hospital, Nelson. Miss Muriel Ahier and Miss Elsie Mae Smith were recently called for war work in Africa and Miss Eileen Abey to Shaughnessy Military Hospital, Vancouver.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association recently met with a good attendance. The President, Mrs. S. Perdue, was in the chair. Fifty-eight dollars was donated to the British Nurses Relief Fund, along with a generous response to the stocking shower, and clothing for the Red Cross. Ten dollars

was voted for the Citizens Welfare Milk Fund.

Miss M. Gemmell, convener of the downtown section, announced that they are sponsoring a dance in aid of the British nurses. Group one, of the refresher course, gave a practical demonstration of first aid to fractures. Keen interest was shown in a demonstration of a round table discussion on current nursing topics by the Mental Hospital group. Miss C. N. Jackson introduced the topic, while Miss K. Wilkes acted as group chairman, and Miss M. Yacentuk as group secretary. A social hour followed.

The following marriages of Brandon General Hospital graduates have recently taken place: Edith McBurney (1937) to Earl Leeson; Lila Mann (1938) to Sgt. Instructor Lester Groves; Velma Rae (1938) to Charlie Ledingham.

WINNIPEG:

Winnipeg General Hospital:

Miss R. Tubman (1941), Miss D. Taylor (1941), and Miss I. Cooper (1941) have recently been appointed to the staff of the W.G.H. Miss Gertrude Callen (1941) has commenced her duties as surgical supervisor at the W.G.H. Miss Elizabeth Hodge (1941), Miss Gwendaline Lewis (1941), and Miss Charlotte Breekman (1941) have been appointed to the Manitoba Public Health Service. Miss Elizabeth Spence (1941) has accepted a position at the Lying-In-Hospital, New York. Miss Marjorie Badger (1940) has accepted a position at the Defence Industries Ltd., Transcona, Manitoba. Mrs. Arthur Unruh (Elizabeth Regehr, 1930) has been appointed permanent technician of the Winnipeg Blood Donors Clinic.

The following marriages of Winnipeg General Hospital graduates have recently taken place: Marguerite McKay (1934) to S. G. Horner; Elizabeth Herner (1941) to Cpl. A. Morris; Myrtle Smith (1937) to Mr. Beardsley; Lorna Halpenny (1937), formerly superintendent of Yorkton Queen Victoria Hospital, to Mr. Logan.

NEW BRUNSWICK

SAINT JOHN:

The staff of the Tuberculosis Hospital, East Saint John, entertained recently at a coffee party in honour of the assistant superintendent of nurses, Miss Regina Reid, who is leaving to be married. The hospital superintendent, Dr. Collins, on behalf of the staff, presented her with a firescreen, Cape Cod lighter, and fire-set.

Word has been received that the nursing sisters who volunteered for service in South Africa have arrived safely.

The following marriages of Saint John General Hospital graduates have recently taken place: Regina Reid (1933) to Frederick W. N. Rafferty; Lillian Finley (1927) to George McDonald; Vivian Armour (1931) to George McCauley; Pearl Swetsky (1937) to Joseph Steinberg; Eileen Nelson (1940) to Sgt. William Roche, R.C.A.F.

ST. STEPHEN:

Miss Doris Gale, a graduate of the School of Nursing of the Chipman Memorial Hospital, had the honour of being selected to give nursing care to Mrs. Sarah Delano Roosevelt, mother of the President of the United States, during the illness which preceded her death. When, recently, Miss Gale herself became ill, she received an extremely kind letter from the President conveying his best wishes for her speedy recovery.

NOVA SCOTIA

HALIFAX:

The Christmas meeting of the Halifax Branch of the R.N.A.N.S. took place recently at the Victoria General Hospital. Greetings were extended by the president, Miss Jane Hubley and a delightful address was given by Miss Gerd Gaustad, staff nurse, Norwegian Public Health Service. Miss Gaustad is a graduate of the Municipal Hospital in Oslo, Norway, and took post-graduate work in Chicago and in Wisconsin. She told us about her hospital and something about her country and their Christmas customs. Carols were sung beautifully by the student nurses of the Children's Hospital, dressed in costume and carrying candles, while lights were dimmed for their singing.

WOLFVILLE:

The December meeting of the Valley Branch, R.N.A.N.S., was held at the Eastern Kings Memorial Hospital. Following the business meeting two articles were read on the new drugs. Refreshments were served by the superintendent, Miss Bankston, and her staff.

NEW GLASGOW:

***Aberdeen Hospital*:**

Miss Jean Saunders (A.H., 1941) has accepted a position on the staff of the Dawson Memorial Hospital, Bridgewater. Miss Anna MacDonald (A.H., 1941) has accepted a position on the staff of the Blanchard Fraser Memorial Hospital, Kentville.

Married: Recently, Miss Daisy Watts (A.H., 1937) to Mr. Lyman Beecher.

ONTARIO

DISTRICT 4

HAMILTON:

Of interest to Hamilton nurses is the organization of the industrial nurses group with Mrs. Hilda Roy as president, and Miss Margaret Watt as secretary. At the first meeting the speakers were nurses who have recently attended a refresher course in Toronto.

The following marriages have recently taken place: Ella Ross to LAC J. A. Fulkerson; Margaret Werner to Walter Oltsher; Elinor Varey to Sub-Lieut. Gilbertson.

ST. CATHARINES:

The members of the Alumnae Association of the Mack Training School will be interested in hearing of the following marriages: Charlotte Foster (1939) to L. A. C. John Sandham; Freda Falkingham (1934) to Roy Brooks; Marie Hughes (1939) to William R. Nicol; Jean Sutherland (1940) to Albert Dayman; Lela Albertson (1940) to A. Honsberger.

DISTRICT 5

ORILLIA:

A meeting of Chapter 2, District 5, R.N.-A.O., was held recently at the Ontario Hospital. Members from Barrie, Collingwood, and Midland were in attendance. Dr. S. J. Horne spoke in a most interesting manner on the modern trend in the field of psychiatry. A social hour was enjoyed with piano selections by Miss Cunningham of Orillia.

***Toronto Department of Health, Division of Public Health Nursing*:**

The Nursing Division recently held a tea and raffle at the Isolation Hospital. The

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sum of $300 was realized and has been given to the British Nurses Relief Fund. Dr. Elizabeth Chant Robertson's lectures on nutrition are still in demand. Many school teachers have requested copies and it is hoped to add more money to the Fund.

Photographs were taken of the different phases of our work, slides and a covering lecture prepared. These have proven of value in publicizing our work. There have been many requests from home and school groups and other social organizations.

Miss Mary Haslam (University of Toronto, 1936) left this Department to be married. She is now Mrs. Robert Westwood and we are pleased she is residing in Toronto. Miss Edith B. Henderson (School of Nursing, 1941) has been appointed to the staff.

TORONTO:

Toronto Western Hospital:

The annual meeting of the Toronto Western Hospital Alumnae Association was held recently when the following officers were elected: Honourary presidents, Miss B. L. Ellis, Mrs. C. J. Currie; president, Mrs. Douglas Chant; vice-president, Miss Mae Palk; corresponding secretary, Miss Isabel Kee; recording secretary, Mrs. Fooks; treasurer, Miss Benita Post; representative to *The Canadian Nurse*, Miss Elizabeth Westren. A very successful year was reported by all committees and a resumé of the year's programs indicated how interesting our meetings were. Suggestions of plans for future meetings point to the fact that every member, if she attends, will find something to interest her. The total receipts for the year were $1279.27 and total expenditures were $963.93. A total of $225 was paid into the Hospital Building Fund.

Mr. Victor R. Perry, of the Postmaster General's Department, showed a coloured film on "The Soldier's Mail" and gave us some enlightening advice on how to address overseas mail. A social hour followed.

Hospital for Sick Children:

The annual Christmas party of the Hospital for Sick Children's Alumnae Association was held recently. Thirty dollars in donations was received as well as clothing, toys, and canned goods. A further sum was voted from the treasury to cover expenses incurred. A committee of five was appointed to make the necessary purchases and pack and deliver the baskets.

A tribute was paid to the late Miss Florence Potts, a minute of silence being observed in her memory.

A nominating committee was appointed to bring in the slate of officers at the annual meeting. A social hour followed.

Wellesley Hospital:

A well attended meeting of the Wellesley Hospital Alumnae Association took the form of a Christmas party. The nurses residence was decorated with flags and crests and a lighted tree. The president, Miss Grace Bolton, reported that 65 ditty bags, containing personal articles, have been sent to the Matron of Guy's Hospital, London, for distribution among British civilian nurses who have lost their possessions during air raids. Miss Jean Harris reported that a number of articles had been sent to the Red Cross, and Miss Bolton reported that 62 knitted articles had been sent to British and Canadian sailors. Letters of appreciation were read, and a shower for sailors was held. A letter on war work was read from the Hamilton branch of Wellesley graduates. Six Wellesley-crested coffee spoons were presented to Miss Mary Stanton in appreciation of her services in packing overseas boxes. Dr. D. Jordan and Mr. Williamson showed coloured movies of Wellesley graduation exercises, and beauty spots in Ontario and Quebec. Dr. H. W. Johnston distributed gifts, and refreshments were served.

District 6

Belleville:

The annual meeting of District 6, R.N.-A.O., was held recently in the Belleville General Hospital. A large representation from all parts of the district attended the afternoon business session. Following this the guests were conducted on an official tour of the hospital by acting administrator, Gordon Barclay, and the director of nursing, Miss Ruth Thompson. The many departments of the institution were shown to the members, with special interest being evidenced in the central supply room. A demonstration of fever therapy was given by Miss M. McIntosh. Supper was served to the members and their guests.

The evening session opened with Dr. George H. Stobie, noted surgeon of Belleville, as the guest speaker. He drew a comparative verbal picture of the wounds of the last Great War and those of the present one, illustrating his address with a series of motion picture films. The last war was productive of a great many gunshot and bullet wounds, while thus far this war has caused a heavy list of casualties through blast and bomb injuries. He brought out in detail the tremendous strides being

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made by medicine and surgery, adding that the result of the present war, insofar as wounds and injuries are concerned, is a direct challenge to the nurses and doctors of the democracies. Dr. Stobie was introduced by Miss B. Beaumont of the Belleville Chapter, with the district association's appreciation being voiced by Miss M. Gist. Vocal selections by Miss Marion Dudley, a student nurse, evoked the hearty appreciation of the members and guests. Tea was served by the members of Chapter A.

COBOURG:

The first meeting of the fall season of Chapter B, District 6, R.N.A.O., was held at the Ontario Hospital. Miss Helen Mitchell was elected chairman, Miss Olive Moore, Port Hope, secretary-treasurer, and Miss Edna Covert, vice-chairman for the coming year. There were 25 nurses present. The guest speaker was the Rev. Dr. Kelly of St. Michael's Church, Cobourg. His address on "The intellect and the will" was most enlightening and given in his usual humourous and entertaining manner. A social hour followed.

Miss Margaret Turner has returned to the Ontario Hospital staff after completing a postgraduate course at the Toronto Psychiatric Hospital.

PORT HOPE:

The resignation is announced of Miss E. M. Elliott, who has served as superintendent of Port Hope General Hospital for the past 28 years. Many changes were brought about through her confidence and enthusiasm for better service to the community. Through the efforts of the Hospital Board and the public generally an entirely new building was built in 1915 and again enlarged in 1930. The old building which previously housed the patients, nurses help, and laundry now became the nurses residence. In 1925 the first x-ray was installed and now a very modern machine and other equipment make this department one of the finest. In 1917 a modern laundry was built.

From 1916 to 1934 the Hospital maintained a training school for nurses and during this time 35 nurses graduated and took their places in the community under the instruction and guidance of Miss Elliott, herself a leader in nurse education. To the patients and nurses who dearly loved her she gave her best, which was always excellent. She always had time to give a listening ear and help to those who needed it. Before leaving Port Hope she received many tokens of good will from the nurses, medical staff, hospital board, hospital mission, and citizens of the town. A dinner was given

by the Port Hope nurses in her honour, and a number of her older graduates were present as was also the medical staff. On this occasion Miss Elliott was presented with a travelling bag and an address was read by Miss G. Roberts, a member of her first class.

District 10

Fort William:

For more than 25 years Miss Minnie Forbes has rendered outstanding service in the capacity of night supervisor at the McKellar General Hospital. Her recent retirement was marked by many proofs of the affection and respect in which she is held, not only by her colleagues, but also by the community at large. At a reception, held in her honour by the Alumnae Association, a handsome purse of money was presented to Miss Forbes, together with an illuminated address which read in part as follows:

We the alumnae of the McKellar General Hospital have learned with deep regret your intention to retire from the position as night superintendent of this institution. We realize a tender tie is being severed for those of us who have been trained under your supervision. In you, we found more than an instructress and disciplinarian to whom we owed respect and obedience, necessary as these qualities may be. We are now, only too happy to have this opportunity of confessing that we have found dignity of rank so finely blended with sweetness of spirit and thoughtfulness for others that we have all loved you, and shall continue to love you with an affection that will not diminish with distance or the passing of the years.

Miss Lorna M. Horwood, superintendent of the Hospital, and Miss Jane Hogarth, president of the Alumnae Association, received the many guests among whom were many prominent citizens of Fort William.

QUEBEC

Montreal:

Montreal General Hospital:

At the annual meeting of the Alumnae Association of the Montreal General Hospital the following officers were elected: Honourary presidents: Miss Webster, Miss Tedford; honourary treasurer, Miss Dunlop; honourary members: Miss Rayside, Miss Craig; president, Miss Catherine Anderson; first vice-president, Miss Bertha Birch; second vice-president, Miss Mary Long; recording secretary, Miss Jean McNair; corresponding secretary, Miss Mabel Shannon; treasurer, Miss Isabel Davies; executive

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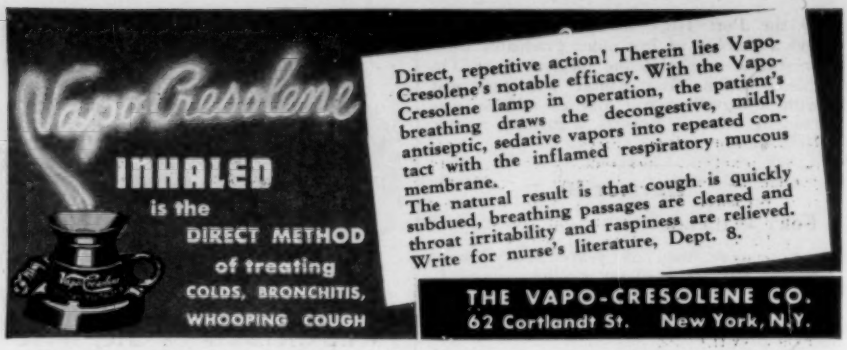
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The 35th annual report revealed that many graduates were on active service with the nursing services of the various units, and a great number have answered the call from South Africa. The program committee has amply provided instructive and interesting material for all meetings. One hundred dollars has been added to the wool fund, and $200 has been contributed to the British Nurses Relief Fund. The Spitfire fund has done good work, and $600 was donated to the Queen's Canadian Fund. Under the leadership of Mrs. Lawrence Fisher graduates have made Red Cross dressings at the Western Division.

Miss Gladys McLean (1934) has accepted a position as industrial nurse with the Simpson Company, Montreal. Miss J. Marion Lawton (1941) is doing industrial nursing with a large plant in Montreal. Miss Rachel McConnell (1914), who has been superintendent of nursing in the Hartford General Hospital, Hartford, Conn. for a number of years, has resigned her position and is taking a well earned rest. Miss Hornibrook (1938) has returned from the west and is now on the staff of the Verdun Protestant Hospital.

The "Spitfire Group" of M.G.H. graduates has forwarded $4000 to England to help in the work of winning the war. The students of the School of Nursing raised $50 for the Russian Medical services at a sale of homemade articles.

The following marriages have recently taken place: Kathleen Brotherston (1939) to Warren Tower; Audrey Ellis (1940) to Carleton A. Stanley; Alice G. Brewer (1932) to Albert G. Gillespie.

Royal Victoria Hospital:

Miss F. Munroe and the nursing staff entertained at tea on New Year's afternoon for the graduates and their friends.

Miss Dorothy Riches (R.V.H., 1932) is now with No. 8 Canadian General Hospital. Miss Kathleen Bliss has been appointed nurse-in-charge of the health service at Royal Victoria College. Miss Ruth Cameron (R.V.H., 1917) is in charge of the blood bank, operated by the Red Cross in Saint John, N.B. Associated with her are Mrs. Hopgood (Cassie Smallman, R.V.H., 1925), Mrs. V. D. Davidson (Annie Armstrong, R.V.H., 1924), and Mrs. G. M. White (Blanche Bissett, R.V.H., 1926). Miss B. Evelyn Taylor (R.V.H., 1940) is on the staff of the Invermere Hospital, Invermere, B. C.

QUEBEC:

Jeffery Hale's Hospital:

The following officers have recently been elected to serve during the coming year: President, Mrs. A. W. G. Macalister; first vice-president, Mrs. L. Teakle; second vice-president, Miss G. Weary; secretary, Miss M. G. Fischer; treasurer, Mrs. W. D. Fleming; councillors: Misses A. Wolfe, C. Kennedy, E. Fitzpatrick, D. Ross, Mrs. W. Pfeiffer; committees: refreshment: Misses

Kirtsen, M. Jones, J. Warren, M. Dawson; program: Mmes. Young, Teakle, Misses Lunam, Douglas; visiting: Misses G. Martin, Douglas (convener), Mmes. H. M. Raphael, P. Gray; representatives to private duty section: Misses E. Walsh, Rhoda Perry; representative to *The Canadian Nurse*, Miss Humphries; purchasing: Misses M. Lunam, G. Weary, Mrs. W. D. Fleming; Red Cross work: Mmes Poulson, Hatch, Fulton, McCullock, Cormack, C. Thorn, Vermette, Miss G. Weary.

At a recent meeting of the Alumnae Association of the Jeffery Hale's Hospital it was reported that during 1941 fifteen of our nurses went on active service. The following nursing sisters went to South Africa: Misses Eager, Andrews, Matthew, Ingraham, M. Greene, and Mrs. Wilkins. Nursing Sisters M. Cambon and M. Doddridge are in England. N. S. Cambon has since been transferred to the plastic surgery division.

Miss Mary Wilson (1941) has accepted a position as industrial nurse with Price Brothers Corporation, Kenogami, P. Q. Miss Shirley Roberts (1941) is on the staff of the Alexandra Hospital, Point St. Charles, P. Q. Miss Stella Reid (1941) is on the nursing staff of the Jewish General Hospital, Montreal.

The following marriages have recently taken place: Helen McLelan (1938) to Charles Smith; Margaret Cochrane (1935) to Walter J. Nelson; Marion Fryer (1941) to Wilfred Rourke.

SASKATCHEWAN

SASKATOON:

St. Paul's Hospital:

The activities of the Alumnae Association of St. Paul's Hospital have been directed mainly toward the war effort. The members have knitted socks and have made two afghans. A $50 Victory Bond was purchased and a $4 War Savings Certificate is bought each month. A donation was also made to the British Nurses Relief Fund. A tea was held recently in order to collect articles for ditty bags for the sailors, and 14 bags were filled.

Assistance has been given to the Saskatchewan Registered Nurses Association to help the war cause. A donation was made to the local Community Chest fund to aid in the work they do in the city. An important feature of the Alumnae Association's activities was the establishment of a loan fund as an aid to graduate nurses who wish to take postgraduate courses.

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WILL NOT RUB OFF

. . . OFF . . . DUTY . . .

A catchy headline always fascinates us . . . and the other day we came upon this one . . . "The rubbish heap and what to put on it" . . . a forthright declaration which happened to chime in with our belligerent mood . . . Where should we begin . . . if regardless of consequences or expense . . . we enjoyed the glorious privilege of throwing things on a rubbish heap? . . . The first item which came to mind was our travelling umbrella . . . an exasperating gadget which refuses to stay either open or closed . . . We shall never forget the time we tried to board a crowded street car in a rainstorm and it obstinately remained open . . . Of course we stuck in the door . . . and had to get off backwards . . . The moment we were back on the street . . . the wretched thing collapsed on top of us . . . like a circus tent in a cyclone . . . and we had to grope our way to the pavement . . . looking like a large toad under a small mushroom . . . That umbrella will never be any use to us . . . but we can't bear to put it on the rubbish heap . . . because it has such a pretty handle . . . the saleswoman assured us it was "solid prystal" . . . Then there are those high-heeled evening slippers . . . that are just a little too narrow for us . . . We bought them as a gesture of defiance . . . when the clerk urged us to choose a sensible pair . . . more in keeping with our age . . . Occasionally we summon up enough fortitude to wear them . . . and then totter homeward . . . to soak our aching feet in hot water . . . Those slippers ought to go on the rubbish heap . . . but we just can't bring ourselves to part with them . . . We may as well confess that we are hoarding other useless things . . . dusty old books . . . faded photographs . . . yellow newspaper clippings . . . we know we ought to make a clean sweep of them . . . and yet somehow we never do . . . There are even moments when we darkly suspect . . . that this tendency to hold on to material possessions carries over into our mental processes . . . Some half-baked theory catches our fancy . . . and we can no more resist it than we did the "prystal" handle of that silly umbrella . . . We cherish some fixed ideas which are just as narrow as those shoes . . . and yet, for the life of us, can't toss them overboard . . . As for the hoary old prejudices we have dragged along with us through the years . . . the rubbish heap is the place for them . . . and we know it . . . One of these days . . . we are going to make a grand symbolic gesture. . . . throw away those tight shoes . . . and follow up relentlessly with the travelling umbrella . . . even though it has got . . . such a pretty handle.

— E. J.

Official Directory

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Acting Executive Secretary, Miss Calista F. Banwarth, 310 Cedar Street, New Haven, Connecticut, U. S. A.

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QUEBEC

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